

MOVING TO SELF-SUFFICIENCY: THE PSYCHOSOCIAL FACTORS THAT
AFFECT WOMEN IN PUBLIC HOUSING

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ABSTRACT

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MOVING TO SELF-SUFFICIENCY: THE PSYCHOSOCIAL FACTORS THAT AFFECT WOMEN IN PUBLIC HOUSING

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This study explored how the psychosocial factors fear, failure, forgiveness, fight, and future affect the self-sufficiency of public housing residents in housing communities in the state of Georgia. Eighty-four (84) survey participants were interviewed face-to-face for the study utilizing non-probability convenience sampling. The survey questionnaire was developed by the researcher and used a four point continuum Likert scale. The findings of the study indicated that, although none of the independent variables were statistically significant, respondents who were unemployed appeared to experience more issues in the variable areas when compared to those who were employed. A new theoretical framework, inner sanctum theory, was introduced and recommended by the researcher to perhaps better explore the relationship between the psychosocial variables and self-sufficiency. A larger sample of respondents, as well as, a mixed quantitative and qualitative study could prove beneficial to further explore and examine the variables.

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CHAPTER I

INTRODUCTION

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) (P.L. 104-193), passed by the 104th Congress and signed by President Clinton, is the most recent in a continuum of welfare reform acts designed to move people from welfare to economic independence and self-sufficiency. PRWORA went much further than previous programs by radically transforming the way welfare is administered in this country. PRWORA eliminated the 60-year-old Aid to Families with Dependent Children (AFDC) program and replaced it with the Temporary Assistance to Needy Families (TANF) block grant (The Urban Institute, 1998). PWORA has shifted welfare from an entitlement program to one that provides only temporary assistance and requires work in exchange for time-limited assistance (Jayakody & Stauffer, 2000). Some might say that PRWORA is an ambitious and risky attempt to eliminate long-term dependence on public assistance. TANF's success will ultimately rest on the ability to move women off the welfare rolls and towards self-sufficiency through employment. The impact of these changes on the lives of public housing residents and section 8 participants is significant because approximately half of all HUD-assisted families with children received welfare benefits in 1996 (HUD Office of Policy Development & Research, 1999).

Many of the key features of the PRWORA will make this shift for welfare recipients quite challenging. One of the key features is the 60-month federal time-limit, or less at state options. Welfare recipients are limited to a life-time of five years of cash assistance. Some states, like Georgia, opted to reduce that life-time limit even further to a 48-month time-limit (GA Department of Human Resources, 1997).

Another key feature of PRWORA is its work requirements. According to the Administration for Children and Families (ACF) (1996), under the new law, recipients must work after two years on assistance. Twenty-five percent of all families in each state must be engaged in work activities or have left the roles in fiscal year (FY) 1997, rising to 50 percent in FY 2002. Single parents must participate for at least 20 hours per week the first year, increasing to at least 30 hours per week by FY 2000. Work activity is another key feature of PWORA. States must meet federally mandated work participation rates. To count toward state work requirements, welfare recipients are required to participate in unsubsidized or subsidized employment, on-the-job training, work experience, community service, or 12 months of vocational training (ACF, 1996).

The 1996 PRWORA gave states great flexibility to design their TANF programs in ways that promote work, responsibility, and self-sufficiency, and strong families. According to ACF (2001), states may use TANF funding in any manner “reasonably calculated to accomplish the purposes of TANF.” Many states accepted the challenge that was set before them by the 104th Congress and took steps to redesign their welfare-to-work programs.

One of the most popular strategies or approaches used by states is commonly called “work first.” Work first programs aim to move participants into unsubsidized

employment as quickly as possible through job search and short-term education, training, or work experience activities. In Georgia, “Workfirst!” began as a concept in 1995 when the Division of Family and Children Services, under the directorship, of Michael Thurmond, now Georgia’s Commissioner of Labor, changed the goal of welfare from income maintenance to employment. From January 1996, when Workfirst! was implemented statewide, to February 1997, the number of families receiving TANF dropped by almost 21,000 from 134,461 to 113,632 (GA Department of Human Resources (DHR), 1998).

Since the passing of PRWORA, welfare rolls have steadily declined by more than 50%. In 1996, there were 12,876,661 TANF recipients in the United States, 11,423,007 in 1997, 9,131,716 in 1998, 7,455,297 in 1999, and 5,780,543 respectively in 2000 (U.S. Dept. of Health & Human Services Administration for Children and Families (U.S. DHHSACF, 2001). Georgia’s TANF caseload declines have mirrored that of the federal declines. The number of families receiving TANF from January 1997 through February 2000 decreased by 53.8% (GA DHR, 2000).

Since 2000, the rates of decline have slowed tremendously. From September 2000 to March 2001, there was only a 3% decline in the U.S. total number of families receiving TANF (ACF, 2001). During this same period, Georgia’s decline of total number of families on TANF continued to mirror that of the federal level, at 2.8% (ACF, 2001). The federal total number of TANF recipients declined by 4.4%, from 5,743,618 to 5,488,616 from September 2000 to March 2001 and Georgia’s total number of recipients declined by 12.1%, from 135,788 to 119,316 (ACF, 2001).

Although TANF caseloads have declined dramatically on the federal level and state level, there are still large numbers of women who are not making the successful transition from welfare to work. And, in the aftermath of the September 11, 2001 terrorist attacks on this country and its impact on the national economy, and the proposed changes for PRWORA Reauthorization those who remain on the TANF caseloads will have even greater challenges transitioning into the workforce. Therefore, the identification of barriers to self-sufficiency and the development of programs and services to help participants address those identified barriers is critical.

Statement of the Problem

The advent of time limits and the need to move women off TANF caseloads makes identifying the potential employment barriers faced by those women who remain on the rolls of crucial importance to researchers and program administrators alike. The sharp reductions experienced by many states across the country, including Georgia, make it likely that those remaining on the rolls will experience multiple barriers that hinder their ability to obtain employment. Some of the families who remain on TANF caseloads are long-term welfare recipients who have been unable to respond to welfare-to-work efforts or take advantage of the strong labor market (Brown, 2001). Research shows that a portion of TANF recipients face substantial personal or family challenges that potentially could make it difficult for them to make a permanent transition from welfare to work (Urban Institute, 1997). States now have to shift their focus to this “harder-to-serve” population and develop programs and services to address the many barriers that stand between them and work.

Those remaining on TANF caseloads are composed of groups of people who have very diverse sets of barriers that affect their ability to move successfully from welfare to work. A Children's Defense Fund Study (2000) supports this premise. According to this study, those who remain on the welfare rolls are perceived to have fewer skills and greater barriers to employment than those who no longer receive assistance.

Since the passage of PRWORA in 1996, multiple research studies have been conducted to identify barriers to employment for TANF recipients. Many of the leading researchers in this area have drawn similar conclusions and identified similar areas that may serve as barriers to employment. Olson and Pavetti (1996) utilized existing literature, such as evaluations of welfare-to-work demonstration programs, informal surveys of direct service providers, and other methods to conclude that welfare recipients, like many non-welfare families, experience a broad range of family and personal issues that make employment difficult. Eight major personal and family challenges that may affect a recipient's transition from welfare to work were identified, including physical disabilities and/or health limitations, mental health problems, health or behavioral problems of children, substance abuse, domestic violence, involvement with the child welfare system, housing instability, low basic skills, and learning disabilities.

Another key barrier study was conducted by Danziger, et al (2000). Measures of traditional human capital variables, such as failure to complete high school and low work experience were included, as well as, other measures that focused on mental and physical health problems, and other psychosocial and family disadvantages. This study also examined lack of knowledge about workplace norms, perceived workplace

discrimination, transportation, and domestic violence as barriers to the employment of welfare recipients.

Jayakody and Stauffer (2000) focused their research on the mental health problems among single mothers and discussed the implications for work and welfare reform. They found that 22 percent of women receiving welfare had experienced a psychiatric disorder. Logistic regression results also revealed that having a psychiatric disorder was associated with a 25 percent lower likelihood of working. According to Jayakody and Stauffer (2000), mental health problems may prevent women from undertaking the tasks necessary to find employment, or women with mental health problems may lack the self-confidence needed to take on new challenges.

Jayakody, Danziger, and Pollack (2000) focused on substance abuse and mental health problems among single mothers and examined their relationship to welfare receipt. Data was analyzed from the 1994 and 1995 National Household Survey of Drug Abuse (NHSDA), and found that 19 percent of welfare recipients meet the criteria for a DSM-III psychiatric diagnosis and about the same percentage have used illicit drugs during the previous year. Study results indicated that mental and behavioral health problems were significant barriers to self-sufficiency.

Brown (2001) addressed seven factors that emerged through both research and program experience as significant barriers to employment for a subset of welfare recipients. Those barriers included: substance abuse, domestic violence, physical disabilities, chronic health problems, depression and other mental health problems, criminal records, very low basic skills, learning disabilities, and language barriers.

Danziger and Seefeldt (2002) described what they found in the first three years of the Women's Employment Study (WES), which followed a cohort of welfare recipients. They compared the characteristics of women who accumulated a continuous amount of work experience from 1997 to 1999 with those who worked less. They also compared women who remained welfare recipients for most of this period with those who received welfare in fewer months. The WES sample was drawn from the February 1997 TANF rolls in one urban Michigan County. Sample members were all female, single-parent heads of TANF cases between the ages of 18 and 54 and either white or African American. The researchers examined the barriers to employment associated with welfare recipients who are often defined as "hard to serve." The WES measured a comprehensive set of potential barriers to employment among welfare recipients that included: work skills, training, and experience, psychiatric disorders or substance dependence within the past year, physical health problems, domestic violence, transportation problems, child care problems, and criminal convictions.

The American Psychological Association (2003) identified "obstacles" to women who are attempting to get off welfare and become economically independent. Those obstacles included: domestic violence, inadequate education and training, work structures and benefits that do not support single mothers, child care, mental and physical health challenges, and alcohol and substance abuse.

Taylor and Barusch (2004) conducted a descriptive study that addressed personal, family, and multiple barriers of long-term welfare recipients. A random sample of 284 respondents, all of whom had received public assistance for at least 36 months, was interviewed. The results of their study illustrated personal barriers to self-sufficiency,

including physical health problems that prevent work, severe domestic violence, educational deficits, substance abuse, learning disabilities, child behavior problems, generalized anxiety disorder, posttraumatic stress disorder, and clinical depression (Taylor & Barusch, 2004).

Cawley and Danziger (2004) investigated whether obesity, which is prevalent among women of low socioeconomic status, is a barrier to employment and earnings for current and former welfare recipients. The study utilized a longitudinal data set, Women's Employment Survey (WES), of current and former welfare recipients. The researchers consistently found a correlation between weight and adverse labor market outcomes among white female respondents. However, for African-American females, weight was not correlated with employment, full-time employment, or hours worked, but it was correlated with the percentage of months on welfare between survey waves. The researchers believed that weight may represent a barrier to leaving welfare for African American females.

Conversations regarding the reauthorization of TANF and stricter guidelines being proposed by the Bush administration will challenge program administrators and service providers in welfare to work programs and housing self-sufficiency programs to continue to identify additional barriers that are effecting those who remain on the welfare roles and to implement the necessary programs and services to assist participants as they attempt to transition to self-sufficiency.

Other psychosocial barriers need to be considered. There is very limited research that addresses fear, failure, forgiveness, fight, and future as psychosocial constructs and barriers to self-sufficiency. Two studies were found that addressed some of these issues

with public housing residents specifically. According to Briggs (1997), researchers uncovered several population characteristics that should be of vital interest and practical value to federal and local government officials responsible for empowering their clients and supporting them through policy transitions. Briggs (1997) discussed research that was conducted with 2,500 public housing residents in 10 Virginia counties. The findings were based on 11 psychological tests, interviews, a diary kept for one week, and the formal analysis of recorded group conversations. Several of the key findings are important and suggest the need for additional research. Briggs (1997) found that residents involved in the study reported pessimism as a dominant emotion in their lives. Residents reported the “blues” resulting from a lack of self-esteem and a sense of something missing in their lives. They stated that their youthful aspirations and expectations were eventually met with hard times and decreased opportunities which led to circumstances that heavily affected their attitudes about personal potential and the likelihood of improvement. For the seventy-nine percent who had hopeful feelings during childhood, the loss of that optimism was reported. Residents reported that they rarely considered the future and held little hope for changing it. Seventy-one percent of the residents in the study believed that their skills were not good enough to “go it alone,” and that they would fail if they took the chance. Briggs (1997) stated that these findings suggest a cycle of “failure thinking” and a kind of learned helplessness.

In her study with public housing residents, McGuire (2000) identified both supports and barriers to self-sufficiency. Several of the identified barriers are significant to this study. They included: an aversion to education and school, fear of failure, a sense of hopelessness and powerlessness, and missing opportunities that come along.

Purpose of the Study

It is important that other research studies are done that will further review the findings of Briggs (1997) and McGuire (2000). The identification of additional psychosocial factors or barriers to self-sufficiency, particularly with public housing residents, is also important to fill the tremendous literature gap. Therefore, the purpose of this investigation was to analyze the effect of the psychosocial factors of fear, failure, forgiveness, fight and future on the self-sufficiency status of women in public housing. This study sought to determine if these psychosocial factors affect the ability of public housing residents to become self-sufficient.

Research Questions

The research questions of the study were as follows:

1. Does the psychosocial factor fear significantly affect the self-sufficiency of public housing residents?
2. Does the psychosocial factor failure significantly affect the self-sufficiency of public housing residents?
3. Does the psychosocial factor forgiveness significantly affect the self-sufficiency of public housing residents?
4. Does the psychosocial factor fight significantly affect the self-sufficiency of public housing residents?
5. Does the psychosocial factor future significantly affect the self-sufficiency of public housing residents?

Hypotheses

The null hypotheses for the study were as follows:

1. There is no statistically significant relationship between fear and the self-sufficiency of public housing residents.
2. There is no statistically significant relationship between failure and the self-sufficiency of public housing residents.
3. There is no statistically significant relationship between forgiveness and the self-sufficiency of public housing residents.
4. There is no statistically significant relationship between fight and the self-sufficiency of public housing residents.
5. There is no statistically significant relationship between future and the self-sufficiency of public housing residents.

Significance of the Study

There are several negative consequences of not specifically examining how additional psychosocial factors may affect the self-sufficiency status of welfare recipients, women in public housing specifically. The negative consequences of not addressing or filling this literature gap are four-fold: (1) Public housing residents run the risk of not receiving social work interventions that will adequately address their psychosocial needs and move them toward self-sufficiency, (2) psychosocial factors that are not addressed may lead to public housing resident's inability to retain self-sufficiency, (3) social welfare policy scholars may miss an opportunity to further research constructs that may lead to the development of alternative paradigms that may be used

with the public housing or TANF population, and finally, (4) existing welfare to work programs and self-sufficiency programs will continue to lack a holistic approach that includes other psychosocial constructs. All of these implications are critical to the success of welfare to work and self-sufficiency programs.

The first adverse consequence addresses an area that has practical implications for those who are attempting to assist public housing residents in their transition from welfare to self-sufficiency. Currently, welfare to work programs and self-sufficiency programs primarily focus on structural barriers to employment such as childcare and transportation. Psychosocial barriers are often limited to substance abuse, mental and physical health, and domestic violence. Although these issues are important to the successful transition of public housing residents to self-sufficiency, practitioners and policy-makers alike must not negate those other psychosocial factors that impact public housing residents. If public housing residents are not prepared psychologically and emotionally to transition from welfare to self-sufficiency, they will not take advantage of or value the many services being offered through self-sufficiency programs.

The second adverse consequence of not addressing psychosocial factors that impact public housing residents is the effect on self-sufficiency and employment retention. Research shows that TANF recipients, on average, work for 3-6 months and then return to the TANF system. Addressing psychosocial factors such as fear, failure, forgiveness, fight and future may mentally and emotionally prepare TANF recipients, particularly public housing residents, to address their issues and discuss how those issues can impact their ability to retain employment and, thereby, remain self-sufficient.

Thirdly, this study also has implications for enhancing social work's knowledge base by introducing constructs that need to be further researched by social welfare policy scholars. Further research and development of these constructs may lead to the development of alternative paradigms that may be used with the TANF population and the public housing population. Further research may also lead to the development of innovative assessment instruments and program models that address these constructs as barriers to self-sufficiency.

Finally, research on the psychosocial factors of fear, failure, forgiveness, fight, and future as barriers to self-sufficiency is significant in that it will also enhance existing programs and services offered to public housing residents and TANF recipients. This research can be incorporated into existing program models to expand the scope of services that are currently being provided to this population, thereby, increasing the resident's or recipient's ability to not only transition from welfare to self-sufficiency, but retain that employment and self-sufficiency.

CHAPTER II

REVIEW OF LITERATURE

The purpose of presenting this review of the literature was to lay a scholarly foundation in order to establish a need for the study. This chapter is a review of the current literature on the recent efforts to revise welfare programs and move welfare recipients from dependence on welfare to work and self-sufficiency. The review begins by examining a historical overview of self-sufficiency programs. The review then examines research that specifically addressed the variables for this study. It is important to note that the researcher had tremendous difficulty locating conceptual and empirical studies that directly linked the independent variables in this study to the dependent variable. An exhaustive search of multiple databases and library catalogs resulted in no research that was specifically relevant to the topic being addressed in this study. The researcher believes that this further validated the need for this study to add to the knowledge base and fill this tremendous literature gap.

This section of the review of the literature is divided into five (5) subsections that focus on research findings that address and explain the effects of psychosocial factors on the self-sufficiency status of public housing residents in particular, and other persons transitioning from public assistance to self-sufficiency. The first section reviews the literature relating to the study of fear and its effects on the self-sufficiency of residents. The second section examines the related literature on the relationship between failure and

the self-sufficiency of residents. The third section examines the related literature on the relationship between forgiveness and the self-sufficiency of residents. The fourth section reviews the literature that addresses fight and its effect on the self-sufficiency of residents. And, the fifth and final section of the literature review addresses the effect of resident views of the future and its impact on self-sufficiency.

Historical Overview of Self-Sufficiency Programs

Policy makers, researchers, and practitioners alike often utilize the term self-sufficiency. For the purpose of this study, self-sufficiency was defined as receiving no public assistance, including TANF, Medicaid, food stamps, and subsidized housing.

Efforts to move low-income individuals into jobs and welfare recipients into work have been ongoing for many years (Bogdon, 1999). The Work Incentive (WIN) program was one of the first. Created in 1967, WIN, was the first program to require states to establish employment and training programs for welfare recipients (Blank & Blum, 1997). According to Blank and Blum (1997), these programs provided a mix of services, including job training, education, and structured job search. Originally WIN was voluntary, but in 1971, the federal government mandated participation for welfare recipients with no special responsibilities at home or no preschool-age children. Welfare recipients who refused to work could be sanctioned (Bogdon, 1999). According to Bogdon (1999), the WIN program proved ineffective because the federal government did not set employment or training goals for states. The requirements became just a paper process.

Another program designed to move low-income persons to work was the Job Training Partnership Act (JTPA). JTPA was established in 1982 and was designated to serve the employment and training needs of economically disadvantaged adults age 22 years and older and youth ages 16 to 21 (Orr, et al, 1996). Although welfare recipients were not the primary focus, they were often among program participants. According to Orr, et al (1996), JTPA was intended “to prepare youth and unskilled adults for entry into the labor force and to afford job training to those economically disadvantaged individuals and other individuals facing serious barriers to employment, who are in special need of such training, to obtain productive employment” (p. 3). A national study of the JTPA program was conducted and was one of the first evaluations of a major national job-training program that employed an experimental design with random assignment of individuals to treatment and control groups (Bogdon, 1999). The researchers found that JTPA worked “reasonably well” for adults, but did not significantly increase youths’ earnings or reduce their welfare benefits (Orr, et al, 1996). Because participants in JTPA were volunteers, there was no guarantee that similar results would occur if the same adult services were offered to AFDC recipients on a mandatory basis.

In 1988, Congress passed another milestone in welfare reform, the Family Support Act (FSA), which created the Job Opportunities and Basic Skills (JOBS) program. JOBS programs were designed to provide education and training services and at least two of four additional activities-job search, on-the-job training, work supplementation, and community work experience (Blank & Blum, 1997). With the help of case managers, JOBS participants were required to develop individual service plans

that prescribed the education, training, job search assistance, and support services they needed to obtain jobs that should lead to self-sufficiency (Bogdon, 1999).

Just as federal welfare to work programs changed over the last decades, the U.S. Department of Housing and Urban Development (HUD) also has shifted its focus from simply providing safe and affordable housing to low-income families, to helping families become self-sufficient and transition into private-sector rental or owner-occupied housing (Kleit & Rohe, 1999). HUD's history of self-sufficiency programs began in 1984 when Project Self-Sufficiency was introduced. According to Bogdon (1999), Project Self-Sufficiency was "designed to encourage communities to develop mechanisms for integrating public and private support services to enable unemployed or underemployed single parents with low incomes to become economically self-sufficient." The program provided additional Section 8 certificates to public housing authorities that developed programs. Rohe and Kleit (1997), discussed 3 core elements contained in Project Self-Sufficiency: (1) a coordinating committee composed of representatives of the local housing authority and major social service providers in the area, (2) a procedure for conducting individualized assessments of participant needs in order to develop program plans, and (3) case managers to help participants obtain the necessary support and to provide encouragement throughout the program. A total of 155 public housing authorities (PHAs) participated in Project Self-Sufficiency and served approximately 10,000 single mothers (Kleit & Rohe, 1999). According to the authors, of the participants who entered the program, 42% completed it and either obtained full-time jobs with growth potential or enrolled in college degree programs (Rohe & Kleit, 1997).

In 1987, the staff of the Charlotte, North Carolina Housing Authority developed a self-sufficiency program called the Gateway Transitional Families Program. It added two new elements to Project Self-Sufficiency for families who wanted to leave public housing, but lacked the work experience and skills needed to obtain jobs to assist them in this effort. First, they suggested escrow accounts, funded with a portion of participant's rent payments, be used to help them buy their own homes. Second, they suggested a freeze on need-based benefits or rent, AFDC payments, and food stamps. The freeze would prevent benefits from being reduced or rents increased as incomes went up, providing participants an additional incentive to work (Rohe & Kleit, 1997). According to program evaluations, the program had difficulty graduating participants and for those who graduated, the program had a moderate impact (Rohe & Kleit, 1997).

In 1989, Operation Bootstrap replaced Project Self-Sufficiency (Rohe & Kleit, 1997). The major differences were inclusion of two-parent families, a requirement that participants develop individual action plans, and greater local flexibility (Bogdon 1999). The core functions of Operation Bootstrap programs were recruitment and selection of eligible participants, assessment of service needs, development of individual action plans, issuance of Section 8 rental housing assistance, referral to core services, and ongoing casemanagement (Bogdon, 1999). An additional 61 housing authorities participated, yet families made "modest but noticeable" progress toward employment, but not necessarily toward greater self-sufficiency (Rohe & Kleit, 1997).

By the early 1990s, while new actions designed to increase the work effort of women on welfare were being promoted by Congress, HUD continued to move forward with its self-sufficiency efforts. The National Affordable Housing Act of 1990

established the Family Self-Sufficiency Program. The Family Self-Sufficiency (FSS) program encouraged communities to develop local strategies to help assisted families obtain employment that will lead to economic self-sufficiency (HUD, 2002). HUD required all PHAs to create FSS programs, in 1993, and enroll a number of participants equal to the total number of new public housing and Section 8 units reserved for that authority (Rohe & Kleit, 1999). If they can show a lack of supportive services in the area, a lack of support from state or local officials, a lack of funds for administering the program, or a lack of interest on the part of tenants, PHAs can receive a waiver. Rohe and Kleit (1999) addressed several essential elements of the FSS program, which include: (1) a program coordinating committee, (2) the voluntary participation of resident families, (3) a contract of participation, (4) casemanagement, and (5) escrow savings accounts. Many housing authorities are continuing to offer FSS services to their residents.

Even though the welfare and housing systems were originally designed to assist different clients, there is now substantial overlap. The proportion of households living in assisted housing that also receive assistance from one of the three main income assistance programs (AFDC, Supplemental Security Income (SSI), and General Assistance) has more than doubled since 1966, now reaching more than 50 percent (Newman, 1999). Thus, nearly half of all families with children who live in public housing are potentially affected by welfare reform.

This transformation has been furthered by the shift in public opinion regarding the principles that ought to govern all assistance programs for the poor. Newman (1999) stated that the social values and attitudes under girding current welfare reform also apply to housing assistance programs. Strong arguments are now being made for a new

orientation in which helping poor people live in decent housing, the traditional goal of housing policy for the poor over its more than 50-year history, is no longer viewed as an end in itself, but as a means to economic independence (Newman, 1999).

Although TANF caseloads have declined, HUD has continued its efforts of trying to assist public housing residents toward self-sufficiency. The initiative is a response to national welfare to work time-limited policies and cuts in public housing subsidies that endanger the ability of public housing residents to pay rent (HUD, 2004). The Jobs-Plus Community Revitalization Initiative for Public Housing Families is a new welfare to work demonstration by HUD that is aimed at significantly increasing the employment rate among public housing residents (HUD, 2004). The program is being implemented in five cities: Baltimore, Chattanooga, Dayton, Los Angeles, and St. Paul. The Jobs-Plus demonstration provides intensive, employment-focused services targeting every able-bodied, working-age resident at a public housing development (HUD, 2004). The program is composed of three elements that are designed to work together to create program success that surpasses that of previous FSS programs that relied on one or two of the elements. The elements include (1) best practices in preparing residents for and linking them with jobs, (2) work incentives through the manipulation of rent rules for public housing, and (3) enhanced community supports for work (HUD, 2004). The Manpower Demonstration Research Corporation (MDRC) is providing technical assistance to Jobs-Plus sites to help them design and implement their plans. MDRC is also evaluating the long-term impacts of different sites' approaches to assisting residents to find and maintain jobs, changes in the employment rate of residents, and changes in the quality of life in the development (HUD, 2004).

Fear and Self-Sufficiency

For the purpose of this discussion, it is important to note again that several researchers have identified mental health issues, such as generalized anxiety disorder and posttraumatic stress disorder, as barriers to self-sufficiency (Olson & Pavetti (1996), Jayakody, Danziger, and Pollack (2000), Brown (2001), Danziger and Seefeldt (2002), Taylor and Barusch (2004)). However, the question still remains as to the number of women who are attempting to move towards self-sufficiency who may not have a DSM IV mental health diagnosis of anxiety, but who may be experiencing some level of fear about this new process in their lives. Helping them to acknowledge this fear and find positive ways of addressing this fear, as a part of a self-sufficiency program, may prove beneficial in helping them to move towards self-sufficiency.

These times in history have sometimes been referred to as the “Age of Anxiety” (Heller, 1999). “We fear beginnings; we fear endings; we fear changing; we fear success; we fear failure; we fear living; we fear dying” (Jeffers, 1987, p. 3). Many of the above fears, particularly fears of beginnings, endings, changing, success, and failure, may be experienced by women who are transitioning from welfare to self-sufficiency. PWORA ended a 60-year history of the way welfare has been done in this country. Welfare is no longer an entitlement. TANF represents a new beginning of temporary, time-limited assistance that requires work in exchange for benefits. This represents major change for women who have received assistance for years without any limits or work requirements. Research has shown that many of the women who remain on TANF lack the education, skills, and training needed to transition to self-sufficiency (Danziger, et al (2000), Brown

(2001), Danziger & Seefeldt (2002), American Psychological Association (2003), Taylor & Barusch (2004)). Many of those who need to return to school to get their General Equivalency Diplomas (GEDs), technical training, or other skills training could in fact experience fear of this new beginning and change in their lives. Those who may be experiencing fear may not take advantage of the many services and programs that are available to assist them in their efforts. They may consciously or unconsciously sabotage efforts that are designed to move them towards self-sufficiency.

Kreitler (2004) suggests that fear is a complex phenomenon that has four major components: sensations, feelings, cognitions, and behaviors. Sensations and feelings represent the experiential aspects of fear. Feelings that are characteristic of fear include a sense of apprehension, tense expectation for the worst, worrying, helplessness, and intrusive unpleasant thoughts. Women who are trying to become self-sufficient could experience many of these feelings as they try to make the transition. For example, they could have apprehension regarding the services being offered to them or apprehension about their ability to get their GED, or even apprehension about their ability to get a job.

Clarkson (2004) states that there are basically three types of fear: worry, specific phobia, and emergency fear. Worry is defined as a “medium to long-term fear, mostly about things that might happen or that have occurred in the past, (p. 3). Specific phobia is a “fear about certain things or circumstances” (p. 3). A specific fear is considered a phobia if it becomes irrational and prevents someone from doing things. The last fear, emergency fear, is defined as “a sudden threat that sets off our nervous system” (p. 3), such as a mugger or deadline at work. Of the three fears discussed by Clarkson, worry may be the area that is not currently addressed by researchers and practitioners who are

working with the welfare population. Because of the sweeping changes in policy and programs, women who are trying to become self-sufficient may be experiencing “medium to long-term fear” about what might happen to them and their families.

Jeffers (1987) discussed 3 levels of fear that may be applicable when working with women who are transitioning from welfare to self-sufficiency. The first level, described as the surface story, can be divided into two types: those that happen and those that require action. Those that “happen” (p. 14) may include aging, being alone, loss of financial security, change, and dying. Those requiring action may include going back to school, making decisions, ending or beginning a relationship, asserting oneself, being interviewed, driving, and making a mistake. Women who are transitioning to self-sufficiency may especially experience fear in those areas that require action.

Level two fears, according to Jeffers (1987), are not specific to certain situations, but involve the ego or “inner states of mind” (p. 15). They reflect one’s sense of self and one’s ability to handle the world. Level two “happen” fears may include rejection, success, failure, and being vulnerable. Those requiring action may include, helplessness, disapproval, or loss of image. For example, a public housing resident who desires self-sufficiency takes the step of completing an application for employment and is then scheduled for a job interview, but because of a fear of rejection, will choose not to attend the interview. Thereby, allowing her fear to keep her from becoming employed.

Jeffers (1987) considers the final level the “biggest fear of all-the one that really keeps you stuck” is “I can’t handle it” (p. 15). According to Dr. Jeffers, at the bottom of every one of a person’s fears is simply the fear that they can’t handle whatever life may bring to them. Level one fear translates to “I can’t handle making a mistake, I can’t

handle losing my job, I can't handle not getting the job, and I can't handle losing my money" (Jeffers, 1987, p. 15). Level two fear translates to "I can't handle the responsibility of success, I can't handle failure, and I can't handle being rejected" (Jeffers, 1987, p. 15). The ability to handle fear requires a development of trust in one's ability to handle whatever comes. Case managers and program developers could utilize this type of information in role-plays and other creative ways to help women who may have the fear that "I can't handle" the transition to self-sufficiency. Understanding that those who are moving toward self-sufficiency may be experiencing a level of fear, may also increase the sensitivity level of case managers who are working with this population.

There is limited empirical research that specifically identifies fear as a barrier to women who are transitioning to self-sufficiency. Thus, solidifying the need for this research to fill that literature gap. The researcher, however, was able to locate one study that addressed fear in a high poverty neighborhood where parents probably receive TANF benefits. Kling, Liebman, and Katz (2000) conducted a study in a high-poverty, inner-city neighborhood where parents tend to spend inordinate amounts of time protecting their children from crime and danger. The researchers found that this vigilance may hinder mothers' efforts to further their own education or find work. The study, Moving To Opportunity (MTO) demonstration program, was a unique random assignment research effort that was designed to help very low-income families living in public housing or Section 8 project-based housing in extremely poor neighborhoods to relocate to "opportunity neighborhoods" for greater self-sufficiency and improved individual and family well-being (HUD, 2004). The MTO demonstration ran in five large cities- Baltimore, Boston, Chicago, Los Angeles, and New York-between September 1994 and

August 1998. A total of 4,608 families enrolled in the MTO demonstration and were randomly assigned. The demonstration combined Section 8 rental assistance with intensive housing search and counseling services to ease families' relocation to low-poverty communities and help those families to become self-sufficient (HUD, 2004).

The authors conducted 12 in-depth interviews with families in Boston that had been offered the option of moving through the MTO program. They also gathered data from a survey of 520 household heads in Boston to supplement their interview findings. The in-depth interviews led the researchers to several new hypotheses of how living in high-poverty neighborhoods might affect families. Among them was that mothers were likely to spend less time monitoring their children and have more time to pursue personal improvements, such as education and employment, once they had moved to safer neighborhoods. These findings have definite implications for practitioners and policy makers who are working to transition women from welfare to self-sufficiency. Fear, as discussed in these findings, could negatively impact their ability to become self-sufficient.

Other literature on fear primarily focused on the impact of fear in a corporate work environment. Ryan and Oestreich (1991) stated that when people hear the word fear connected with the workplace, they think about it in many different ways: fear of change, fear of failure, and fear of the boss. However, their work focuses on the fears people have about speaking up at work. The researchers defined fear in the workplace as "feeling threatened by possible repercussions as a result of speaking up about work-related concerns" (p. 21). By examining what people were reluctant to speak up about and why, they were able to see how fear prevents people from doing their best at work.

Relationships and interpersonal communication, with an emphasis on what goes on between managers and their employees, was the focus of this work.

Ryan and Oestreich (1991) interviewed 260 people in 22 organizations, evenly divided between service and manufacturing sectors. The geographic spread included the areas surrounding Atlanta; Chicago; St. Louis; Rochester, New York; San Francisco; Austin, Texas; and Seattle. During the course of a sixty to ninety minute standardized interview, four basic questions were asked:

What issues have you hesitated to talk about at work in the last five years of your job experience?

Why didn't you talk about them?

Did you hesitate to speak up on an issue because you feared some type of repercussion?

What were those threatening situations and what impact did they have?

Responses from the four interview questions revealed a variety of work-related fears that included: having one's credibility questioned, being left out of decision making, being criticized in front of others, not getting information necessary to succeed, having a key assignment given to someone else, disagreements which might lead to damaged relationships, getting stuck in a dead-end job, not getting deserved recognition, not being seen as a team player, suggestions being misinterpreted as criticisms, poor levels of performance, and getting fired (Ryan & Oestreich, 1991).

Possible symptoms of fear included: lack of suggestions for improvements and innovations, loss of customers who complain about poor service or products, unwillingness to take responsibility for mistakes, negative feelings about the company, lack of pride or commitment, "could care less" approach to the work, bad decisions or

indecision, recurrent absenteeism and tardiness problems, and instances of unethical behavior (Ryan & Oestreich, 1991).

Practitioners who are working to move women toward self-sufficiency, through work, should take a proactive role by addressing these fear symptoms outlined by Ryan and Oestreich (1991). Training sessions could be developed that openly link these symptoms to fear, particularly recurrent absenteeism and tardiness problems that are so common for those who are new to the workforce or returning after several years.

Suarez (1993) examined the issue of fear as it relates to Total Quality Leadership (TQL). He stated that fear is a “distracting force that robs employees and organizations of their potential” (p. 1). There is no such thing as healthy fear. According to Suarez (1993), fear-based outcomes are usually negative and, in most cases, affect both organizational effectiveness and quality of work life. Fear is a barrier to individual and to organizational performance. Fear erodes joy in work, limits communication, and stifles innovation. Fear fosters short-term thinking as people search to avoid reprisal, perhaps at the expense of others in the system. In fear-based management cultures, people tend to focus on eliminating the threat instead of working to achieve the desired positive outcomes.

Suarez (1993) discussed different types of fears that may emerge in the workplace. One such fear is fear of success. He stated that success brings enemies and people are afraid that success may damage their relationships with their peers. People are afraid of the “repercussions of success such as being ostracized as a rate buster, jealousy, envy, higher expectations, and fear of failure following a promotion” (p. 4). Another fear is fear of failure. Fear of failure is associated with the lack of risk taking and innovation.

Defensiveness, skepticism, and apathy are behaviors of people who are avoiding failure (Suarez, 1993). Fear of change is another common fear addressed by Suarez. He states that with this fear comes resistance to change and the attitude that “We’ve always done it this way, why change now?” People resist change, because they are generally content with what is familiar. Change may cause employees to fear that they are going to lose something; they feel that their power may be diminished. Change is seen by many as a threat to their security or some highly valued beliefs (Suarez, 1993).

Fear of success, fear of failure, and fear of change could all be very applicable to women who are adjusting and attempting to adapt to new policy changes that require that they learn new skills and become employed, so that they can become self-sufficient. Practitioners who openly discuss fear as a real barrier to self-sufficiency and teach their clients how to appropriately address fear, may in fact prepare their clients or customers to better fit into organizations.

Failure and Self-Sufficiency

Everyone loves to succeed and no one loves to fail. However, few have never wondered what life might have held today if some action, that is now regretted, had not been taken. For some, this may not be a big problem, but for others, past mistakes have had major consequences. Some people continue to feel guilty and feel they have irrevocably “messed up” their lives and are paralyzed from moving forward. People who feel caught in the quagmire of the past have a tendency to give up on the future. They find it difficult to galvanize themselves to take an action that might change their lives for

the better. Their present opportunities for success are hindered by their inability to move past previous failures.

For the purpose of this discussion, the psychosocial construct failure can be defined as unsuccessful attempts to reach one's hopes and expectations, feelings of pessimism, broken spirit as a result of unfulfilled dreams, feelings of helplessness or uselessness, incompetence, and disappointment. Unfortunately, many women who are attempting to become self-sufficient today have faced many challenges in their past, whether they be personal challenges, family challenges, relationship challenges, educational challenges, or employment challenges. These challenges may have resulted in unfulfilled hopes and expectations, feelings of pessimism, or feelings of helplessness to reach one's desired goals and dreams.

Researchers have addressed an aspect of failure that has been termed helplessness or in some cases learned helplessness. Seligman (1975) was one of the early scholars to address the term helplessness. He first defined helplessness as "the psychological state that frequently results when events are uncontrollable" (p. 9). An event is deemed uncontrollable when we cannot do anything about it or when nothing we do matters.

While doing experiments on the relationship of fear conditioning to instrumental learning, Seligman (1975) and other researchers conducted laboratory research with dogs. Dogs were placed in a chamber and subjected to moderately painful shocks that they could not avoid or escape. Although they could run around or howl, nothing they did could stop the shocks. Objectively, the dogs were in an uncontrollable situation. In the next experiment, the conditions were changed and the dogs could escape the shocks by jumping over a barrier placed in the middle of the chamber. This situation was

potentially controllable if they could figure out what to do. Helplessness was not inevitable. A new group of dogs who were placed in the chamber where they could escape by jumping over a barrier, quickly learned to escape the shocks by jumping over the barriers. However, the old dogs, when placed in a chamber where they could escape by jumping over a barrier, after running around initially, instead of attempting to escape, they would just lie down. Hence, the paradigmatic learned-helplessness finding (Seligman, 1975).

According to Seligman (1975), laboratory evidence shows that when an organism has experienced trauma it cannot control, its motivation to respond in the face of later trauma wanes. Moreover, even if it does respond, and the response succeeds in producing relief, it has trouble learning, perceiving, and believing that the response worked. Finally, its emotional balance is disturbed and depression and anxiety predominate.

Hiroto (1974) replicated Seligman's findings on dogs to college students. One escape group received loud noise, which they learned to turn off by pushing a button; the yoked group received the same noise, but independently of any response; and a third group received no noise. Each subject was then taken to a finger shuttle box. In order to escape, the individual had to move his hand from one side to the other. Both the no noise group and the escape group learned to shuttle their hands to stop the noise. The yoked group failed to escape and avoid the noise. Most of them sat passively and accepted the aversive noise. Three independent factors produced learned helplessness: the laboratory experience of uncontrollability, the cognitive set induced by chance instructions, and the external personality (belief that reinforcements occur in life by chance or luck, and are

beyond one's control) (Hiroto, 1974). Hiroto (1974) concluded that these three factors all erode the motivation to escape by contributing to the expectation that responding and relief are independent.

After studies by Hiroto and others, Seligman and his colleagues reformulated the theory of learned helplessness by introducing an attributional analysis. The unified attributional analysis utilized three primary attributional dimensions: (1) internal-external, (2) stable-unstable, and (3) global-specific (Abramson, Garber, Seligman, 1980). Each dimension was developed to resolve inadequacies of the original helplessness hypothesis when applied to humans, and together, they form a new and enriched learned helplessness theory.

The attributional dimension internal-external defined the distinction between universal and personal helplessness. Universal helplessness involves situations where the person believes that she cannot solve the problem and nor can any other relevant person solve the problem. On the other hand, personal helplessness occurs when the individual believes that the problem can be solved by others, but they lack the personal ability to solve it. Abramson, et al., (1980) stated that the distinction between personal and universal helplessness help to clarify the relationship of uncontrollability to failure. According to the reformulated theory, failure is a subset of helplessness, primarily overlapping with personal helplessness. According to Abramson, et al., (1980), "failure implies that there was a possibility of success (i.e., some responses can produce the desired outcome) and that the unsuccessful attainment of the goal is attributed to internal factors" (p. 12). Persons who face feelings of personal helplessness make internal

attributions to failure, whereas universally helpless persons make external attributions for their failures.

This reformulation is consistent with Bandura's conceptual distinction between efficacy outcome expectancies (Abramson, Garber, & Seligman, 1980). Personal helplessness involves a low efficacy expectation and a high outcome expectation (the response producing the outcome is unavailable to the person). Universal helplessness involves a low outcome expectation (no response produces the outcome).

The second attributional dimension introduced was stable-unstable. Stable factors are considered to be long-lived and recurrent, whereas unstable factors are short-lived or intermittent (Abramson, et.al, 1980). When an outcome occurs, an individual can attribute it to (a) an internal-stable factor (ability), (b) an internal-unstable factor (effort), (c) an external-stable factor (task difficulty), or (d) an external-unstable factor (luck). When failure is attributed to internal-stable factors such as ability, it becomes even more difficult for individuals, particularly public housing residents who are trying to become self-sufficient, to believe that it is possible for them to reach their self-sufficiency goals.

Global-specific was the third attribution dimension introduced to enhance the helplessness theory. Global factors affect a wide variety of situations and specific factors do not. Attributing uncontrollability to a global factor implies that helplessness will occur across situations. Global attributions imply that when individuals confront new situations, they will expect that outcomes will again be independent of their responses. A specific attribution implies helplessness only in the original situation (Abramson, Garber, & Seligman, 1980).

The chronicity of the helplessness deficit follows from the stability dimension. Chronic deficits will take place if the attribution is to stable factors such as, lack of intelligence or lack of ability. Individuals will manifest chronic deficits if they make a stable attribution because it implies to them that they will lack the controlling response in the future (Abramson, Garber, & Seligman, 1980). If the attribution is to unstable factors, such as a headache during the interview, or an unlucky day, they may not necessarily be helpless the next time they interview. Thus, when persons attribute their helplessness to very global and stable factors, broad transfer of helplessness effects will be observed. An attribution to global or stable factors predicts that the expectation will recur even when the situation changes or even after a lapse of time. Alternatively, attributing helplessness to very specific and unstable factors predicts very little transfer of helplessness. An attribution to specific or unstable factors predicts that the expectation need not recur when the situation changes or after a lapse of time. It is the expectation of uncontrollability which ultimately determines whether or not helplessness deficits will recur in a new situation or with elapsed time. For example, because a public housing resident had an unsuccessful job interview, she could then expect any future interviews to be unsuccessful, thereby hindering her opportunities for employment and self-sufficiency.

The effects of learned helplessness are experienced in one or more of the following domains: (1) motivational, (2) affective, and (3) cognitive (Abramson, Seligman, & Teasdale, 1978). When an individual's efforts have little or no impact on the outcome, motivation and subsequent efforts are reduced. The person lacks the motivation to try because trying will make no difference in the outcome. In the most

extreme form of this condition, the person does not try to initiate anything. This lack of initiation is the most characteristic behavior of persons who experience learned helplessness (Abramson et al., 1978; Seligman, 1975). Public housing residents who seemingly will not initiate job search activities or initiate other activities that might lead to self-sufficiency could be experiencing learned helplessness. This information could prove valuable to case managers and other practitioners who are designing programs to move residents toward self-sufficiency.

Learned helplessness is present when a person displays “inappropriate passivity:” failing through lack of mental or behavioral action to meet the demands of a situation in which effective coping is possible (Peterson, Maier, & Seligman, 1993). The theory of learned helplessness has three essential components: contingency, cognition, and behavior (Peterson, et.al, 1993). The authors state that contingency refers to the objective relationship between the person’s action and the outcomes that he then experiences. The most important contingency, as discussed previously, is uncontrollability. Cognition refers to the way in which the person perceives, explains, and extrapolates the contingency. Cognition consists of three steps. First, the person must apprehend the contingency. Next, the person explains what he has perceived. Was the failure a result of luck or lack of ability? Finally, the person uses his perception and explanation to form an expectation about the future (Peterson, et.al, 1993). Behavior refers to the observable consequences of the person’s cognitions about the situation. Helplessness theory claims that some of the behavioral consequences that may follow from the individual’s expectation of future helplessness are cognitive retardation, low

self-esteem, sadness, loss of aggression, immune changes, and physical illness (Peterson, et.al, 1993).

Many empirical studies have been conducted on the subject of learned helplessness, although, none of the studies found by the researcher addressed the population for this study. However, the researcher believes that review of these studies is warranted and implications can be deduced that may prove beneficial for further research and practice with the population in this study.

One very early study of learned helplessness in children was conducted by Diener and Dweck (1978). Their study explored helpless versus mastery-oriented differences in the nature, timing, and relative frequency of a variety of achievement-related cognitions by continuously monitoring verbalizations following failure. In study 1, the participants were seventy fifth graders from a semi-rural community. In study 2, the participants were 60 fifth graders, also from a semi-rural community. Participants in study 2 did not participate in the first study. The results revealed that helpless children made the expected attributions for failure to lack of ability, whereas mastery oriented children made very few attributions but instead engaged in self-monitoring and self-instructions. That is, helpless children focused on the cause of failure, while the mastery-oriented children focused on remedies for failure (Diener & Dweck, 1978).

Anderson and Jennings (1980) examined the effects of attributing initial failure to ineffective strategies on performance expectancies. Fourteen (14) males and twenty-two (22) females participated in the study. Nine subjects were randomly assigned to each experimental condition. The results of the experiment demonstrated that when individuals are set to perceive initial failure as resulting from the relative ineffectiveness

of their strategies, rather than their lack of ability, experiences of failure promote expectancies of success. In the experiment, strategy subjects expected significantly higher levels of success following failure than did ability subjects. The researchers found that when people are set to attribute task outcome, or failure, to strategies, they are likely to monitor how effectively their strategies meet the demands of the task at hand. For these subjects, initial failure indicated that their strategies were ineffective, and that in order to succeed they must modify those strategies (Anderson & Jennings, 1980). In contrast, subjects set to attribute task outcome to their abilities do not monitor the demands of the task at hand. They fail to attend to strategic features of their attempts, fail to learn from their experiences, and conclude that they cannot improve their performance.

One has to wonder if public housing residents or women who are attempting to transition from public assistance to self-sufficiency are attributing their failures to ability or strategy. Those who may be attributing their failures to ability would then find it very difficult to move forward after their experiences. If they could be counseled or trained to weigh strategy over ability, then perhaps, they would be more receptive to the development of strategies that lead to personal success and self-sufficiency.

McKean (1994) studied the effects of multiple learned helplessness risk factors on behavioral, cognitive, and affective variables. One hundred twenty-two (122) female and 56 male undergraduates at two rural southeastern Ohio colleges volunteered to participate in this study. The average age of the students was 20.01 years; 38% were freshmen, 27% were sophomores, 17% were juniors, and 18% were seniors. Students were predominantly Caucasian and from middle or working class homes. As the original and reformulated learned helplessness theory or model stipulates, helplessness deficits are

observable in behavioral, cognitive, and affective domains. The results of this study helped to confirm that helplessness is associated with real-world deficits in all three domains. High-risk students were found to procrastinate more on academic tasks (behavioral domain), perform more poorly in their studies (cognitive domain), and suffer more dysphoria when faced with negative outcomes (affective domain) (McKean, 1994).

Firmin, Hwang, Copella, and Clark (2004) examined learned helplessness and its effect on test taking. Students, aged between 17 and 20, in two psychology classes from a private, mid-western comprehensive university participated in this study. The majority of these students were Caucasians. A freshman-level child development class was used to run a pilot study, prior to collecting data from a freshman-level general psychology class for the actual study. Students from the child development course completed the test in its standard format. The students from the general psychology class were randomly assigned to the experimental and control conditions.

The objective of the study was to determine the extent to which the failure experienced in the early part of a test would elicit helplessness in the student, and hence result in lowered performance on the later part of the test. According to the helplessness hypothesis proposed by Firmin, et al. (2004), students who had hard questions before the easy questions would tend to give up on the easy questions due to frustration, but their performance on the hard questions would not be affected. The data gathered supported this helplessness hypothesis. According to the researchers, for decades, teachers and test developers have been advised to arrange the test items in the ascending order of difficulty so that the test takers would be motivated by the early successful experience and continue the test. Study results suggested that responses on later items can be greatly affected by

the experiences, especially negative experiences, from earlier items. Further, this negative experience came from an anticipation of failure in those who took hard items first because no feedback was given on their performances, and the test scores showed that they did not fail on hard items. Firmin, et al. (2004) concluded that the perceived failure alone was sufficient to make students feel helpless and give up on the test.

This particular research study may be helpful when working with residents who need to obtain their GED in their process of moving toward self-sufficiency. Case managers or educators who are assisting them in this process could use these findings to help residents first test in the area or areas of strength so that they can build more self-confidence to then move to test areas where they may have more difficulty.

Palker-Corell and Marcus (2004) examined whether attributional style is related to trauma and depressive symptoms among battered women, and whether women from a battered women's shelter report a more helpless or hopeless attributional style than do women from the community. Forty-nine (49) women from a woman's shelter and a comparison group of fifty-one (51) women from the community completed measures of attributional style, relationship conflict, and psychological distress. Women from the shelter reported considerably greater relationship conflict and more severe trauma and depressive symptoms. And, consistent with the revised learned helplessness theory and with studies linking attributional style to trauma symptoms, Palker-Corell and Marcus (2004) found that attributional style contributed to the prediction of depressive and trauma symptoms. Women who explained negative events in an internal, global, and stable manner were more likely to report depressive and trauma symptoms. Thus, although abused women were more likely to report psychological distress than women

from the community, and although severity of abuse was related to symptom severity, abused women with a helpless attributional style reported more severe pathology than did those with a more optimistic attributional style.

This study is particularly relevant to the population of women who are transitioning from public assistance to self-sufficiency because many of them are living in situations where they are being battered (Tolman & Raphael, 2000, Brush, 1999, Raphael & Tolman, 1998). This information can empower case managers to work more effectively with this population of women.

Failures for which individuals assume personal responsibility can have negative effects in a variety of ways. Thompson (1999) suggests that an immediate consequence is to question one's ability. When these doubts turn to conviction, negative emotions such as shame and anxiety result. In the longer term, these self estimates of ability result in diminished expectations of success and a reduced interest in learning and discovery for its own sake. Eventually, the individual comes to internalize a belief that she is ineffectual in not just one, but in a variety of life situations. In a worst case scenario, withdrawal, resignation and underachievement are enduring legacies (Thompson, 1999). How many women who are moving towards self-sufficiency are questioning their ability to be successful in their efforts? How many, as a result of past failures, do not expect to be successful in their attempts to become self-sufficient? How many have appeared to give up on learning a new skill or learning to read and write better so that they can become self-sufficient? These are critical questions that need to be asked and addressed by Family Self-sufficiency (FSS) Case Managers that are working with women in public housing.

Thompson (1999) described five strategies that people may use to circumvent the attributional implications of failure: self-worth protection, self-handicapping, procrastination, impostor fears and defensive pessimism. Although Thompson's work focused on students, some of these strategies could be applicable to women moving from public assistance to self-sufficiency. Three of the strategies are particularly relevant: self-worth protection, self-handicapping, and procrastination.

The first strategy, self-worth protection, describes a strategy whereby certain students intentionally withdraw effort so that they are able to avoid the negative effects of poor performance in terms of damage to self-worth. And predictably, performs poorly. For example, a public housing resident that attends an employment interview could intentionally not do her best in the interview to avoid the negative effects of poor performance in terms of damage to self-worth. As a result, she does not get the job and has to start the process over again. An FSS Case Manager that is aware of self-worth protection as a strategy that may be used by residents, can address this issue on the front end or in a preventive strategy before the resident has the scheduled interview.

Self-handicapping, the second strategy discussed by Thompson (1999), refers to the practice on the part of certain individuals to voluntarily adopt or claim a handicap when future outcomes are uncertain and when no external account for poor performance is available. A resident could claim she was emotionally upset prior to the GED test and could not focus. Therefore, if she performed poorly, it is difficult to be sure that the outcome was due to lack of ability or the handicap.

The third strategy is procrastination. Procrastination refers to a range of behaviors used to cope with conflict and indecision and avoid a conclusion that one is

ineffectual and inadequate. To avoid these feelings of inadequacy, one puts off or delays the completion of an activity. Women moving toward self-sufficiency may procrastinate and not complete paperwork that is necessary to enter school or other programs that will assist them. By using this strategy they avoid the possibilities of not experiencing success or not being accepted into the program.

According to Schenkel (1991), helplessness is experienced when one thinks there is little or nothing that can be done to influence events. One who is feeling helpless may have thoughts such as, “It’s useless to try” or “What’s the point?” All of which have the common theme: “I can’t do it.”

Not only are one’s thoughts impacted by helplessness, but also one’s behavior is affected. The essence of which is noninvolvement in one or two forms. First, is premature withdrawal or stopping, quitting, or escaping before making exhaustive attempts to solve existing problems. The second is avoidance. Avoidance can be any type of behavior that effectively spares a person, at least in the short run, from confrontation with difficulties that they feel unable or unwilling to handle (Schenkel, 1991).

Schenkel (1991) stated that “learned helplessness has devastating effects on behavior: (1) it destroys motivation, (2) it interferes with the ability to learn, and (3) it creates emotional distress.” The author affirms that initiative “dies on the vine” in the face of learned helplessness (p. 24). If one believes her efforts are futile, she will take less action. If she does act, she will tend to give up if she doesn’t have immediate success. This information appears to be particularly relevant to those who remain on public assistance. Anecdotal conversations with case managers in practice reflect their

belief that it is difficult to get residents motivated to participate in any activities that promote self-sufficiency.

Intelligence, talent, and skill are held hostage to learned helplessness. “Lack of initiative and persistence can be spotted in so-called laziness, work inhibitions, apathy to wider opportunities, lack of information about options, and hasty retreats into marriage and motherhood” (p. 25). In her work with women, Schenkel states that the common thread throughout the above areas is learned helplessness. Learned helplessness makes women vulnerable to interpreting any serious difficulty as evidence of inevitable failure. Pulling out or stopping usually appears to be the most reasonable thing to do. One of the more serious effects of learned helplessness is that motivational difficulties, like viruses, can spread. Lack of initiative and persistence in one set of circumstances can carry over to a totally different situation (Schenkel, 1991).

Learned helplessness’ second devastating effect on behavior, as discussed by Schenkel (1991), was that it interferes with the ability to learn. The author states that in order to learn, one has to be able to tell the difference between good moves and bad moves. Learning trouble occurs when recognition of good moves does not occur. The author referred back to Seligman’s (1975) study of dogs. A few of the dogs, after receiving several shocks jumped over the barrier and escaped their discomfort. However, the old dogs reverted back to their original passive state and continued to get shocked. They failed to make the connection between jumping over the barrier and avoiding the pain. Convinced that they were helpless, they failed to notice they had done something right, and it did not occur to them to repeat it. Because they did not perceive their success, they could not learn from it. Case managers must encourage public housing

residents to learn from their successes, no matter how large or small. Learning from past successes will help move them towards self-sufficiency.

Emotional distress was the third behavioral effect of learned helplessness, as discussed by Schenkel (1991). Women who are struggling to achieve as they approach various aspects of work experience anxiety, fear, apprehension, and lack of confidence. Anxiety disappears once it becomes apparent that the situation is controllable. If the woman believes that nothing can be done, depression may result (Schenkel, 1991). Failure to persist increases the sense of helplessness and perpetuates feelings of depression. Several studies have indicated that women who are transitioning from public assistance are experiencing depression (Maximus, 2001, Lennon, Blome, & English, 2001, Derr, Douglas, & Pavetti, 2000). Case managers who understand the construct of learned helplessness can be even more empowered to help those who are experiencing depression.

Forgiveness and Self-Sufficiency

Forgiveness is a psychosocial construct that deserves attention by practitioners and policy makers who are working with women who are transitioning from welfare-to-work or public assistance to self-sufficiency. Many of those who are attempting to become self-sufficient may have experienced traumatic life events that may include, rape, physical and/or sexual abuse as a child, and parental abandonment. The ability to move beyond these traumatic life events may require counseling for many, but learning to walk in forgiveness by others. Many may have also had negative experiences with systems, such as the educational system, employment system, social services system, and are finding it difficult to re-engage with some of these systems to receive the needed support

and services to move them to self-sufficiency. Addressing forgiveness, as a viable construct, may help them to address some of these unresolved issues.

Forgiveness is a construct that has traditionally been discussed in religious and philosophical circles, but more and more psychologists and other clinicians are beginning to see its value in working with clients. One of the greatest challenges surrounding the use of forgiveness as a therapeutic technique is the many definitions that have been proposed in the literature.

Jampolsky (1999) states that “forgiveness releases us from the painful past.” Forgiveness can be defined as the willingness to let go of the hurtful past.

It is the decision to no longer suffer, to heal your heart and soul. It is the choice to no longer find value in hatred or anger. And it is letting go of the desire to hurt others or ourselves because of something that is already in the past (p. 17).

The author states that most would avoid taking drugs that are known to have detrimental side effects. Yet, much of the time, “we are not very selective about the thoughts that we put in our minds-nor are we aware of the toxic effects these thoughts can have on our bodies” Jampolsky, 1999, p. 25). Jampolsky believes that side effects of holding unforgiving thoughts can have a very negative impact on an individual’s well-being. The list of physical problems that may be associated with an unforgiving mind may include: headaches, backaches, pains in the neck, stomachaches and ulcer-like symptoms, depression, lack of energy, anxiety, irritability, insomnia and restless, free-floating fear (fear not attached to any particular event) or unhappiness (Jampolsky, 1999).

This information could very well be helpful to social service casemanagers who are working with women in transition. Welfare recipients that are screened as a result of some of the above physical symptoms may have medical results that show no sign of a medical disease. Awareness of the impact of unforgiveness, could prompt the worker to do a more comprehensive assessment and refer the recipient for counseling.

Enright and Fitzgibbons (2000) have done extensive research on forgiveness and its use as a therapeutic approach. They define forgiveness as follows:

People, upon rationally determining that they have been unfairly treated, forgive when they willfully abandon resentment and related responses (to which they have a right), and endeavor to respond to the wrongdoer based on the moral principle of beneficence, which may include compassion, unconditional worth, generosity, and moral love (to which the wrongdoer, by nature of the hurtful act or acts, has no right) (p. 29).

Embedded in the definition, according to Enright and Fitzgibbons (2000) are two paradoxes: (1) one gives up what one has a right to and (2) one gives to another that which is not necessarily deserved. The researchers further clarified and strengthened their definition of forgiveness by adding fourteen additional ideas.

1. Forgiveness is a continuum
2. Forgiveness involves using principles compared with being aware of principles
3. Forgiveness is unstable or stable
4. Forgiveness is superficial or deep
5. Forgiveness is developmental

6. Forgiveness is person-centered
7. The quality of the wrong may vary
8. The depth of the wrong may vary
9. The wrong is objective, not subjective
10. The quality of the forgiveness may be dependent on various factors
11. The expression of forgiveness will vary by culture and religion
12. The expression of forgiveness may be cognitive, emotional, or spiritual
13. Who is offended and offender is not always clear
14. The quality of forgiveness is not always clear (pp. 32-35).

North (1998) defined forgiveness as a “matter of a willed change of heart, the successful result of an active endeavor to replace bad thoughts with good, bitterness and anger with compassion and affection” (p. 20). Negative feelings of anger, hatred, resentment, and desire for revenge are overcome and replaced with positive emotions, such as, compassion, benevolence, and love. The overcoming of negative feelings involved in forgiveness must be the result of an “active psychological endeavor” on the part of the injured party, even while recognizing that a real injury has been inflicted and that the wrongdoer is to blame for the infliction (North, 1998). The goal of the active endeavor is the healing of the damage done to the injured party and of the damage caused to the relations which exist between injured party and wrongdoer.

North (1998) states that forgiveness does not remove the fact or event of wrongdoing, but instead relies upon the recognition of wrong having been committed in order for the process of forgiveness to be made possible. Further, what is “annulled in

the act of forgiveness is not the crime itself but the distorting effect that this wrong has upon one's relations with the wrongdoer and perhaps with others" (p. 18). For the one who has been injured, forgiveness will have the effect of preventing the wrong from continuing to damage one's self-esteem and one's psyche, so bringing to an end the distortion and corruption of one's relations with others. This statement can be particularly relevant to those transitioning to self-sufficiency who may have damaged self-esteem as a result of past life events. Forgiveness may serve as a mechanism to help increase their self-esteem, thereby increasing their ability to move forward towards self-sufficiency.

Similar to North (1998), Enright and the Human Development Study Group define forgiveness as a "willingness to abandon one's right to resentment, negative judgment, and indifferent behavior toward one who unjustly injured us, while fostering the undeserved qualities of compassion, generosity, and love toward him or her" (p. 47). The researchers emphasized four key points about the definition: (1) the one offended suffered an unjust hurt from another, (2) the offended willingly chooses to forgive, (3) the offender's new stance includes affect (overcoming resentment and substituting compassion), cognition (overcoming condemnation with tendency toward subtle revenge with a sense of goodwill), and (4) the offended may unconditionally forgive regardless of the other person's current attitudes or behaviors toward the offended, because forgiving is one person's volitional response to another (Enright, et. al, 1998). According to the researchers, forgiveness occurs only between people and not between a person and forces of nature. It is a special case of mercy directed at an injuring person. Enright, et al (1998)

states that forgiving and receiving forgiveness may be “positively transforming for self, the injurer, and our community” (p. 47).

Enright, et.al (1996) also reviewed the concept of self-forgiveness. This concept has not received as much attention as interpersonal forgiveness. Enright, et.al (1996) believed that whatever is offered to another in interpersonal forgiveness is offered to oneself in self-forgiveness. Enright, et.al (1996) defined self-forgiveness as a willingness to abandon self-resentment although one may be faced with one’s own acknowledged objective wrong. While self-resentment is abandoned, compassion, generosity, and love toward oneself is established. As in interpersonal forgiveness, one who forgives self has a right to self-resentment for the specific behavior leading to self-offense, but he or she gives up the resentment. Also in the face of serious wrongdoing, the person is not bound to give or show himself compassion, generosity, or love. However, self-respect is necessary to enter a self-forgiveness journey that leads to healing.

Equally important to defining forgiveness, is discussing and clarifying what forgiveness is not. Many persons have rejected the idea and use of forgiveness as a technique in therapy because of misguided notions. Enright and Fitzgibbons (2000) developed a checklist for ideas regarding what forgiveness is not. The checklist included three areas: (1) philosopher’s distinctions between forgiveness and related concepts, (2) reductionistic thinking that may be accurate but incomplete, and (3) common colloquialisms confused with forgiveness.

First, forgiveness is not the same as pardoning, legal mercy, or leniency. The consensus within philosophy for years has been that forgiving and pardoning are different. Pardon is played out in the public arena of jurisprudence, whereas forgiveness

is played out in the private realm of personal injury and injustice. Forgiveness is not an official act in reducing a deserved sentence, but a personal choice of mercy by the one hurt (Enright & Fitzgibbons, 2000).

Second, forgiveness is not condoning and excusing. Condoning takes place when a person recognizes a moral infraction in another person but puts up with it because of the pressure of circumstances. Condoning leaves a person with resentment, while forgiveness seeks to end the resentment for moral reasons. On the other hand, excusing is to conclude that the problem is not worth an argument. The person who excuses does not necessarily see a moral infraction on the offender's part, and therefore there is nothing to forgive (Enright & Fitzgibbons, 2000).

Thirdly, forgiveness is not reconciliation. There are differences. Forgiveness is one person's individual choice to abandon resentment and to adopt friendlier attitudes toward a wrongdoer, regardless of what the offender does. On the other hand, reconciliation can not take place without two people. Reconciliation is dependent on the ability of the individuals involved to reestablish trust, or a sense of safety, in the relationship. The researchers caution that reconciliation should be conditional only when the offender is willing and has the ability to change the offensive ways (Enright & Fitzgibbons, 2000).

Forgiveness is not forgetting. People often suggest that others need to forgive and forget so that they can put the past behind them and move forward. However, it is unrealistic to believe that someone can and will forget an incident that caused them tremendous emotional and/or physical pain. Forgetting may also put the person in a position to be re-victimized in a similar situation. Forgiveness helps one to remember the

situation in new ways (Enright & Fitzgibbons, 2000). Ways that do not cause feelings of pain, anger, and resentment, but feelings of love, compassion, and mercy.

Forgiveness is not self-centering. Enright and Fitzgibbons (2000) state that self-centering is “one of the most serious misunderstandings of forgiveness” (p. 46), because it distorts not only the meaning but also the entire course of forgiveness therapy. Even if one initiates therapy to help herself, forgiveness still can not be centered solely on the self. The very definition of forgiveness involves the letting go of resentment and focusing on the other person’s humanity and ultimately offering compassion to that person.

Forgiveness is more than just “letting time heal the wound.” “Letting time heal the wound” implies a very passive approach. Forgiveness is an active struggle to reduce resentments and takes work that is sometimes very difficult. Forgiveness is also more than saying “I forgive you.” Although important, language can not be a substitute for forgiveness. One must be willing to put in the work that is required in the process of forgiveness (Enright & Fitzgibbons, 2000).

Forgiveness involves more than saying “I’ve accepted what happened,” or “I accept what happened knowing that God will punish him or her,” or “I have the satisfaction of not letting the person get to me,” or “I like to let the person know how much he/she owes me.” All of the statements fall short of the true definition of forgiveness. Desiring for others to punish the offender or desiring forgiveness to have advantage over another person is not true forgiveness. The latter is considered pseudoforgiveness (Enright, et al, 1998).

Several researchers have introduced models of forgiveness (Enright & Fitzgibbons (2001), Coleman (1998), Hargrave (1994)) that are important to this discussion. Enright and Fitzgibbons (2000) introduced a phase model of forgiveness that could prove helpful to practitioners. There are four (4) phases of forgiveness included in the model: (1) uncovering, (2) decision, (3) work, and (4) deepening. The primary goal of the uncovering phase is for clients to have a better understanding about how the original unfairness and their reaction to it have affected their psychological health. Clients gain insight into whether and how the injustice and subsequent injury have compromised his or her life. At the end of this phase, seven layers of pain are known to the client: anger, shame, depleted energy, cognitive rehearsal, comparison between offender and oneself, the possibility of permanent injury, and a more pessimistic philosophy of life (Enright & Fitzgibbons, 2000).

Clients move toward the second phase, decision, when they begin to realize that the layers of pain have not been productive ways of coping. In this phase, one realizes that preoccupation with the offense and the offender are unhealthy, and, therefore, seek other means of responding (Enright, et.al, 1998). A goal of the decision phase is that the client will gain an accurate understanding of the nature of forgiveness and make a decision to commit to forgiving on the basis of this understanding (Enright & Fitzgibbons, 2000).

The third phase in Enright and Fitzgibbon's Model is the work phase. During this phase, the client attempts to reframe or rethink the situation or try to see it from a different perspective. The client attempts to gain a cognitive understanding of the offender and then begins to view the offender in a new light, resulting in positive change

in affect about the offender, about the self, and about the relationship (Enright & Fitzgibbons, 2000).

The final phase in the forgiveness model is the deepening phase or outcome phase. In this phase, clients find increased meaning in their suffering, feel more connected with others, and experience decreased negative affect, and renewed purpose in life (Enright & Fitzgibbons, 2000). Ultimately, this process may lead to improve psychological health (Enright, et.al, 1998).

Coleman (1998) introduced a process of forgiveness in marriage and the family. He states that “forgiveness offers a direction for healing that makes the new person less likely to become hardened and cynical, calloused by the hurts against him” (p. 89). His process of forgiveness included five phases. Phase 1 was identifying the hurt. Instead of minimizing or denying what happened, the person must be able to articulate the specifics of what happened to them and the nature of their hurt. He states that this process can be difficult, yet is essential in the process of forgiveness.

Phase 2 of Coleman’s (1998) process of forgiveness was confronting. In this phase, the person that caused the injury would be confronted, either by letter or face to face. This phase should be done very cautiously, particularly in situations where there may be threats of physical harm. According to Coleman (1998), confronting confirms that you were deeply hurt and makes clear that the offense cannot be ignored. In phase 3, Coleman (1998) suggests that it is important to come to some understanding of why. He states that making sense of our suffering is important in the healing process. Phase 4 is forgiving. He likened this phase to taking an “awkward leap.” Forgiveness can be

considered a giant leap of faith. This phase of forgiveness is the shortest despite its importance.

Coleman's (1998) final phase is letting go. Phase 5 involves letting go of past pain and resentment and find meaning through the experience. Making meaning out of what happened is seeing the possibilities that are now open as a direct result of suffering. Forgiveness is "more than a moral imperative, more than a theological dictum. It is the only means, given our humanness and imperfections, to overcome hate and condemnation and proceed with the business of growing and loving" (p. 94).

Hargrave's (1994) four stations of forgiveness are very similar to Coleman's (1998) phases of forgiveness. Hargrave's work also focused on forgiveness in families. Insight, the first station of forgiveness, allows a person to objectify the mechanisms of family pain that have caused the relational change. Once the mechanisms have been identified, the individual can stop the relational damage from occurring in the future. Insight works in two directions, affecting the victim and victimizer. First, for the victim, insight clarifies the relational issues such as who is responsible for the damage, what happened that perpetuated the destructive behavior, and the internalized implications of love and trust. Second, for the potential victimizer, insight provides a method to check one's behavior to ensure that one is not inflicting the same type of damage on an innocent party that was once inflicted on oneself (Hargrave, 1994).

Station two, understanding, differs from insight in that it gives one the ability to understand why the injustices, damage, and pain occurred. Answering the question why provides a mechanism that allows one to actually alleviate some of the pain and emotional turmoil that are caused by undeserved traumas. Understanding allows one to

accomplish the work of exoneration. Exoneration means that “we achieve the insight necessary to protect ourselves and innocent parties from further relational damage and understand the circumstances of the person who caused us the unjustified pain” (p. 46). Exoneration does not proclaim the person trustworthy for the future, nor does it excuse the person from responsibility for the action. The process of exonerating helps one to come to understand and appreciate the wrongdoer’s situation, options, efforts, and limits and see our own fallibility in dealing with such circumstances (Hargrave, 1994).

In giving the opportunity for compensation, station three, the victim provides the opportunity for the victimizer to prove that he or she is loving and trustworthy by allowing interactions that make both vulnerable. The work of forgiveness is accomplished in this station by the victim’s allowing the victimizer to rebuild the status of love and trust in the relationship in a progressive manner that eventually erases the gravity of the injustice in the face of present balanced interactions. In this station, trustworthiness is usually established over a long period of time. Violation and lack of trust from the past fade in the presence of love and trust in the present (Hargrave, 1994).

The fourth station of forgiveness, the overt act of forgiveness, involves both parties agreeing to love and trust in the relationship in a responsible manner. Both the victim and victimizer have a stake in making the relationship between them right. In order for forgiving to be effective in this restoration, both parties must have integrity about the process. Both must see one another as valued and honestly deal with the destructive harm that was perpetuated between them. In discussing the violation and forgiveness openly and overtly, the innocent person and the wrongdoer come to an agreement that they will have the freedom to relate to one another in a new way that is

unhindered by the damaged past and its implications for obligations and entitlements in the relationship (Hargrave, 1994). The overt act of forgiveness represents a new covenant or contract that includes at least three elements concerning the past: agreement, acknowledgement, and apology. Both parties must come to an agreement concerning the specifics of the violation. After agreement, acknowledgement of responsibility of hurt and pain the violation caused must be made. And, at some point in the overt act of forgiveness, there has to be some apology for the damage that has been caused (Hargrave, 1994).

After reviewing the literature on the definitions of forgiveness (Enright & Fitzgibbons (2001), Enright, et al (1998), North (1998)) and various models (Enright & Fitzgibbons (2001), Coleman (1998), Hargrave (1994)), it is important to review research studies on this subject. Because the study of forgiveness is a fairly new phenomenon in the psychological literature, research studies, particularly empirical studies, are very limited.

McCullough & Worthington (1995) studied the effects of two brief psychoeducational group interventions on participants' forgiveness for an offender and compared them with a waiting-list control. The study included eighty-six (86) students from a psychology class located at a university in the southeastern United States. Students received a small amount of credit in their courses for participating. The psychoeducational group leaders were two male doctoral students who were trained in leading group therapy.

The study design was a 3x3 repeated measures design. Participants were assigned to one of three conditions: interpersonal, self-enhancement, and waiting-list. The

interpersonal intervention encouraged participants to forgive because forgiveness was seen as being able to restore participants' relationships with the offenders and significant others. The self-enhancement intervention encouraged participants to forgive because forgiveness was seen as being able to yield physical and emotional benefits for the forgiver. Participants completed measures at three points in time: pre-intervention, post-intervention, and at a 6-week follow-up (McCullough & Worthington, 1995).

The results showed that both groups led to decreased feelings of revenge, increased positive feelings toward the offender, and greater reports of conciliatory behavior. The self-enhancement group also increased affirming attributions toward the offender, decreased feelings of revenge, and increased conciliatory behavior more effectively than did the interpersonal group (McCullough & Worthington, 1995).

The first empirically-based intervention ever published on the topic of forgiveness was conducted by Hebl and Enright (1993). This date of publication, just over eleven years ago, affirms the relative newness of this topic. In this study, a psychotherapeutic intervention, with forgiveness as the goal, was implemented with 24 elderly females. The participants were selected from a Christian church community located in a middle class area of a midsize Midwestern city. There were four conditions for participation in the research project: (1) that the participant have something to forgive, (2) that the participant felt emotionally hurt by what happened; (3) that there was a definite person in mind to forgive, and (4) that the participant was not going through a grieving process. A screening survey was conducted that showed the following interpersonal situations needed forgiving: family problems (21%), in-law difficulties (12.5%), friendship conflicts (50%), and other (16.5%) (Hebl & Enright, 1993).

The participants were randomly assigned to a forgiveness condition and a control group. Group sessions were held one hour weekly from September to November. The forgiveness group followed Enright, et al.'s (1991) model of forgiveness. The major dependent variable was forgiveness. Other dependent variables included self-esteem, psychological depression, and anxiety. Following the intervention, the experimental group showed significantly higher forgiveness profiles at posttest compared with the control group. Both groups significantly decreased from pretest to posttest on psychological depression and anxiety.

Freedman and Enright (1996) studied the effects of forgiveness intervention with female incest survivors. Twelve (12), Caucasian women, who ranged in age from 24-54, participated in the study. The participants were recruited from a Midwestern community. Each participant had been sexually abused as a child by a male relative.

Participants were randomly assigned to an experimental group where they received the forgiveness intervention immediately, or they were assigned to a wait-list control group where they received the intervention when the intervention was completed with their matched experimental counterpart. The intervention consisted of an individual, 60 minute meeting with the interviewer on a weekly basis. The sessions were designed to cover a 17 unit manual entitled, *The Psychological Variables Engaged in a Process Intervention on Forgiveness*. Intervention time ranged from 10 to 16 months. Once the participant indicated that she had forgiven her perpetrator, as illustrated on the self-report scale, termination began (Freedman & Enright (1996).

Both the intervention participants and the wait-list matched control participants were given the same assessment instruments. Assessment instruments were administered

to all 12 participants at the beginning of the study. All participants were administered all five instruments three separate times, at 2 week intervals. Scores were then averaged to reduce measurement error. The five instruments used were: a 30 item Psychological Profile of Forgiveness Scale, the State-Trait Anxiety Inventory, The Beck Depression Inventory, the Coopersmith Self-Esteem Inventory, and a Hope scale which was a 30 item scale assessing optimism toward the future in various areas. At the end of the study a self-report measure to assess whether true forgiveness had occurred was administered (Freedman & Enright, 1996).

An individual level of analysis was conducted using parametric statistics. One-tailed matched pair t tests were used to test the amount of change between experimental and control groups on the five dependent measures. There was significant difference on all scales except self-esteem. Significantly greater psychological health was indicated for the treatment group after intervention, than for the control group. Those who received the intervention experienced higher self-esteem and hope, and lowered depression and anxiety. After all participants had been exposed to the intervention, there were no significant differences between the groups.

Al-Mabuk, Enright, and Cardis (1995) evaluated the effectiveness of a forgiveness education program for parentally love-deprived late adolescents. Parental love deprivation was defined as the condition where a child does not receive the needed affection and nurturance, and is not given assurance of value, respect, and acceptance by the parent(s). Two studies were completed. Study 1 was a four-day workshop centering on a commitment to forgive. Forty-eight college students from a large, public university in the Midwestern United States participated in the study. A randomized, experimental

and control group design was used. The experimental group had 19 females and five males and the control group had 18 females and six males. Both experimental and control groups met independently for four one-hour sessions, two sessions per week over a period of two weeks.

Instruments for the study included: an initial screening, a psychological profile of forgiveness scale (the same used in Hebl and Enright (1993)), a willingness to forgive scale, an attitude toward mother/father scale, hope scale, self-esteem inventory (Coopersmith Self-Esteem Inventory), anxiety inventory (State-Trait Anxiety Inventory), and the Beck Depression Inventory. All of the instruments were given in a group-testing format.

The results of Study 1 showed that the experimental group was more hopeful of their future and more willing to forgive than the control group after having experienced the workshop. However, the results of Study 1 did not show general success for the forgiveness education program.

To extend their work and test the entire model of forgiveness by Enright, et al. (1991), Study 2 was undertaken. Forty-five (45) college students from a public university in the Midwestern United States, different from the Study 1 university, participated in the study. The participants were randomly selected from a sample of 120 subjects. The experimental design followed that of Study 1. The experimental group had 18 females and 6 males and the control group had 11 females and 10 males. The Study 2 educational program took place over six weeks. Each group met once a week, rather than twice as in Study 1.

The same instruments were used in Study 2. Of the eight scales administered as pre and post tests, all but one (State anxiety) showed statistical significance favoring the experimental (forgiveness) group. At post test for the entire sample, the psychological profile of forgiveness scale was statistically significantly correlated with the other variables (hope, state-anxiety, trait-anxiety, attitude toward father, attitude toward mother, depression, and self-esteem). According to the researches, the patterns were similar to Study 1 and were consistent with the experimental conclusion that a more forgiving response toward a love-depriving parent is associated with enhanced mental health (Al-Mabuk, et al. (1995).

Another research study on forgiveness was conducted by Coyle and Enright (1997). The study attempted to answer the following research question: Can men who identify themselves as having been hurt by abortion, benefit from a structured psychological intervention designed to facilitate forgiveness? Ten (10) men, who self-identified as hurt by the abortion decision of a partner, participated in the study. Participants were obtained through an advertisement in a local newspaper and ranged in age from 21 to 43 years old. The time span between the actual abortion and contact with the investigators ranged from 6 months to 22 years. Five were always opposed to the abortion, one was supportive initially, one was not told of the abortion until months after the procedure, and the remaining three described themselves as ambivalent at the time of the abortion (Coyle & Enright, 1997).

The instruments for the study included an initial screening, the Enright Forgiveness Inventory (EFI), State Anger Scale, and a short version of the Perinatal Grief Scale. Following random assignment to groups, those in the treatment condition began

the intervention immediately after pretest while those in the control group entered into a 12-week waiting period. Each of the participants was seen on an individual basis, and after 12 weeks, all participants were given the first posttest. Following this, the control participants began the intervention, and 12 weeks later, all participants received the second posttest (Coyle & Enright, 1997).

The results provided preliminary evidence for the effectiveness of an intervention to promote forgiveness and emotional healing among post-abortion men. Experimental participants evidenced a significantly greater increase in forgiveness. Their scores on anxiety, anger, and grief were all significantly reduced compared with the control participants. All participants demonstrated significant gains in forgiveness after treatment. Also, those participants who were struggling with self-forgiveness experienced significant improvement in this area. Coyle and Enright, (1997) stated that the results obtained further illustrate the psychological benefits of choosing forgiveness and support the findings of other studies.

Few researchers have examined the link between forgiveness and self-sufficiency. The researcher was able to locate one study that addressed forgiveness in the workplace. Butler (1997) completed a dissertation study entitled "The Effects of Personality and General Health on Choosing Interpersonal Forgiveness in the Work Place." The purpose of the study was to examine how an individual's personality and level of personal effectiveness in an occupational setting can predict interpersonal forgiveness in response to conflict that was experienced in an organizational setting. A second part of the study considered the relationship between forgiveness, task type conflict and relationship type

conflict. Additionally, cognitive interpretation of the conflict type and the effect on choice of forgiveness was explored.

The sample for the study consisted of 153 master's level students from the College of Business at a large, metropolitan university in the Southeastern United States. All subjects completed the Basic Adlerian Scales for Interpersonal Success (BASIS-A) themes, the General Health Questionnaire (GHQ-12), and the Enright Forgiveness Inventory (EFI) (Butler, 1997). The data collected were analyzed by stepwise multiple regression. The relationships between conflict type and forgiveness were analyzed by independent t tests.

The results of the study indicated a significant relationship between the BASIS-A life style theme of Wanting Recognition, the EFI subscale of Positive Affect, Negative Affect and the Pseudo-Forgiveness Assessment. A significant mean difference between participant identified task type conflict and participant identified relationship type conflict was found on the total EFI forgiveness score. Participants who identified the conflict as task type and those where the occurrence caused a great deal of hurt, scored significantly higher on the total EFI forgiveness score (Butler, 1997).

The research stated that workplace consultation may be most productive when issues can be conceptualized along a task dimension. Conflict outcome may be influenced in satisfactory ways through cognitive interpretation. When conflict participants are encouraged to focus on the task aspects of the conflict, it may be easier to move toward forgiveness, and to use forgiveness as a problem-solving strategy for letting go of hurt feelings, harsh judgment, and vindictive behavior. As a result, it may be easier to choose positive feelings, thoughts, and behavior (Butler, 1997).

This research may be particularly helpful when working with residents who had negative experiences on previous jobs, which resulting in being fired or them quitting prematurely. Case managers may use forgiveness as a problem-solving strategy to help them let go of unresolved feelings of anger and resentment. This strategy can also help them to reinterpret their experience in a way that is empowering and can lead to greater success on their next job.

Fight and Self-Sufficiency

Webster (1993) defines fight as the ability to “strive to overcome a thing; to put forth a grim, determined, or dogged effort as for the achievement of a goal or purpose, often to bring about some needed changes” (p. 847). For the purpose of this research, fight will be defined as the motivation, determination, drive, and mental disposition to achieve one’s personal goals. Fight is something that is within the inner most part of the person. Public housing residents and others who have a goal to move from public assistance to self-sufficiency, must have a hunger and desire to fight for their self-sufficiency goals and dreams.

As previously discussed in this literature review, this population may experience issues with fear, failure, and forgiveness. All of these areas can negatively affect a participant’s fight or their motivation and determination to go after their self-sufficiency goals. It can be difficult to be motivated and determined in the midst of all these issues. Participants must be willing to put forth a “dogged effort” to overcome obstacles and barriers that stand between them and self-sufficiency.

As programs offer structural services such as childcare and transportation, and other services, such as, interviewing skills training, Dress for Success, and even GED classes, many participants may not be taking full advantage of these services because of a diminished level of fight. Public policy developers, program administrators, and case managers alike, must be willing to, not only address the issues of fear, failure, and forgiveness, but also must be willing to understand how these areas impact the fight of the participants in their programs. Understanding these areas will help them to develop more comprehensive services and individual case plans that meet the needs of this population.

Much of the literature in this area has focused on the concept of motivation. Reeves (2001) states that the study of motivation revolves around finding the answers to two questions: (1) what causes behavior? And (2) why does behavior vary in its intensity? The first question can be expanded to study how motivation affects behavior's "initiation, persistence, change, goal directedness, and eventual termination" (p. 4). The challenge of the second question is that individuals differ in what motivates them and therefore there is a need to explain why one person shows intense behavioral engagement while another does not.

Many psychologists and researchers have defined motivation (Cox & Klinger (2004), Reeve (2001), Ferguson (1994), Heckhausen (1991), Franken (1988), Chaplin (1968)), with often common threads that link them to one another. Reeves (2001) states that "the study of motivation concerns those processes that give behavior its energy and direction" (p. 5). Whereas, Ferguson (1994) defined motivation as "the internal states of the organism that lead to the instigation, persistence, energy, and direction of behavior"

(pg. 429). Chaplin (1968) defined motivation as a concept “to account for factors within the organism which arouse, maintain, and channel behavior toward a goal” (p. 303). Cox and Klinger (2004) combined Ferguson and Chaplin’s definitions of motivation to define motivation as “the internal states of the organism that lead to the instigation, persistence, energy, and direction of behavior towards a goal” (p. 4). In the German psychological tradition (Heckhausen, 1991), the term motivation is defined as the processes and factors that determine which goals an individual will pursue. Heckhausen (1991) then classifies the factors that regulate how the individual carries out the pursuit-persistence, vigor, and efficiency-as volition. The construct fight in this research is therefore used to give a holistic view that includes or combines the American and German traditions. Fight addresses both motivation and volition, the processes that energize and direct behavior.

The processes that energize and direct behavior emanate from forces in the individual and in the environment (Reeve, 2001). Reeve (2001) characterizes motives as the internal experiences-needs, cognitions, and emotions-that energize the individual’s approach and avoidance tendencies. Needs are conditions within the individual that are essential and necessary for the maintenance of life and for the nurturance of growth and well-being. Needs serve the organism by generating wants, desires, and strivings that motivate whatever behaviors are necessary for the maintenance of life and for the promotion of well-being and growth (Reeve, 2001).

Cognitions refer to specific mental events, such as beliefs and expectations, and to organized structures of beliefs, such as the self-concept. Cognitive sources of motivation revolve around the person’s ways of thinking (Reeve, 2001). For example, as residents have in mind a goal of self-sufficiency, they hold beliefs about their abilities,

expectations for success and failure, ways of explaining their successes and failures, and an understanding of who they are and what their role in the larger society is. Knowing residents' ways of thinking, therefore, is critical to the case manager who is assisting in the development of case plans and designing programs for this population.

According to Reeve (2001), emotions organize and orchestrate four interrelated aspects of experience: feelings, physiological preparedness (how our body becomes mobilized to meet situational demands), function (what we want to accomplish), and expression (how we communicate our inner experience publicly to others). When these four aspects of experience are orchestrated into a coherent pattern, emotions allow one to react adaptively to the important events in one's life.

External events are environmental incentives that attract or repel the individual in engaging or not engaging in behavior. External events provide behavior with energy and direction. External events also include environmental contexts, social situations, climates, and sociological forces such as culture (Reeve, 2001).

After understanding internal and external events that impact an individual's motivation, it is then important to note how motivation is expressed. Reeves (2001) states that motivation must be inferred from its expressions-its behavior, physiology, and self-report. Seven aspects of behavior express the presence and intensity of motivation: effort, latency, persistence, choice, probability of response, facial expressions, and bodily gestures. Effort refers to the extent of exertion put forth while trying to accomplish a task. Putting forth high effort means putting forth a good deal of one's total capacity. The more one uses her capacity (the greater the expenditure of effort) and the greater is

the intensity of the behavior, the greater is the strength of the underlying motive (Reeve, 2001).

Latency is the time a person delays a response following an initial exposure to a stimulus event. For example, latency would refer to the amount of time it takes a resident to return an employment application after picking it up from a prospective employer. If the resident returns the application the same day or the very next day, one could say that the resident had a high interest in getting that particular job. As response latency decreases, the presence and intensity of the underlying motive increases (Reeve, 2001).

Persistence is the time between the initiation of a response until its cessation. The person who continues to pursue a goal-directed act for an extended period expresses the more intense motive than does the person who quickly quits. Another aspect of behavior is choice. Choice refers to the preference for one course of action over another. Choice presents the individual with two or more options in which she selects one particular course of action. Preference for one course of action over another expresses the strength of the motives underlying each course of action (Reeve, 2001).

The fifth aspect of behavior, probability of response, refers to the number of occasions a goal-directed response occurs per number of opportunities the response had an opportunity to occur. For example, if residents have an opportunity to participate in 5 days of job search activities, the resident who participates in 4 days of job search expresses the more intense motive than the resident who participates in only 1 day of job search. Facial expressions are the next area of behavior. People often communicate their feelings of happiness, sadness, and anger through facial expressions. This nonverbal behavior of the face communicates the existence of, and the intensity of, an underlying

emotion (Reeve, 2001). Bodily gestures are the final aspect of behavior discussed by Reeve (2001). Bodily gestures like posture, weight shifts, and the movements of the legs, arms, and hands communicate underlying desires and preferences.

According to the author, these seven aspects of behavior provide the observer with data to infer the presence and intensity of another person's motivation. When behavior shows intense effort, short latency, long persistence, high probability of occurrence, facial or gestural expressiveness, or when the individual pursues a specific goal-object in lieu of another, such is the presence of an intense motive. On the other hand, if behavior shows lackadaisical effort, long latency, short persistence, low probability of occurrence, minimal facial and gestural expressiveness, or the individual pursues an alternative goal-object, such is the evidence to infer an absence of a motive or at least a weak motive (Reeve, 2001). This information can prove to be invaluable to case managers who are working with residents who are moving towards self-sufficiency. Helping residents to understand the importance of their behavior and its effect on their progress, particularly during interviews and even after becoming employed, could be very helpful to residents.

The other two areas to infer the presence and intensity of motivation were physiology and self-report. Using physiology, motivation researchers monitor a person's heart rate, blood pressure, respiratory rate, pupil diameter, skin conductance, and contents of blood plasma to infer the presence and intensity of underlying motivational and emotional status. The third way to infer the presence and intensity of motivation is self-report. Self-reporting is simply asking people about their level of motivation in an interview format or utilizing a questionnaire. However, researchers rely heavily on the

behavioral and physiological measures of motivation and only lightly on self-reporting (Reeve, 2001).

Motivation study includes a wide range of assumptions, hypotheses, theories, findings, and domains of application (Atkinson, 1964, Maslow, 1970, Weiner, 1986, Deci and Ryan, 1985, Peterson, Maier, and Seligman, 1993, Bandura, 1997). Reeve (2001) identified nine themes that run through motivation study. He states that these principles provide an overall perspective for unifying motivation study's diverse assumptions, hypotheses, perspectives, theories, findings, and applications into a coherent, interesting, and practical field of study. Those themes are as follows:

- (1) Motivation benefits adaptation
- (2) Motives affect behavior by directing attention
- (3) Motive strengths vary over time and influence the stream of behavior
- (4) Motivation includes both approach and avoidance tendencies
- (5) Motivation study reveals the contents of human nature
- (6) Motivation varies not only in intensity but also in its type
- (7) We are not always consciously aware of the motivational basis of our behavior
- (8) Motivational principles can be applied, and
- (9) There is nothing so practical as a good theory (pg. 12)

First, motivation states provide a key means for individuals to cope successfully with life's demands. Without motivational states, people would quickly lose a vital resource they rely on constantly to adapt and maintain their well-being. When motivation

sours, personal adaptation suffers. Peterson, et al. (1993) state that people who feel helpless in exerting control over their fates tend to give up quickly when challenged. People who face challenges with more doubt than confidence tend to avoid interacting with their surroundings (Bandura, 1997). In contrast, when a person's motivational states are strong and purposive, personal adaptation thrives. When people adapt successfully and when development progresses, people experience and express positive emotions such as joy, hope, interest, and optimism. But when people are overwhelmed by their environment and when development stagnates, people experience and express negative emotions such as sadness, hopelessness, frustration, and stress (Reeves, 2001).

Second, motives affect behavior by directing attention to select some behaviors over others. Motives influence behavior by capturing attention, interrupting what we are doing, distracting us from doing other things, and imposing a priority onto our behaviors that is relevant to a particular motive. Thirdly, motivation is a process rather than a discrete event. Motives are always changing, rising, and falling. People usually have several different motives at any given time. The strongest motive typically has the greatest influence on our behavior. The fourth theme in the study of motivation is that motives includes both approach and avoidance tendencies. Reeves (2001) states that human beings are "curious, intrinsically motivated, sensation-seeking animals with goals and plans for striving to master challenges, for developing warm interpersonal relationships, and for moving towards attractive incentives, psychological development, and growth" (p. 16). However, at the same time, people are also stressed, frustrated, plagued by insecurities, pressured, afraid, in pain, and depressed, and encounter negative situations from which they wish to flee. People often feel these positive and negative

motivational and emotional states at the same time. Both states are needed in order to adapt optimally (Reeves, 2001).

The study of motivation reveals why people want what they want and reveals the content of human nature. The subject matter of motivation and emotion concern what people hope for, desire, want, need, and fear. Theories of motivation reveal what is common within the strivings of all human beings by identifying the commonalities among people from different cultures and experiences. Theories of motivation also reveal those motivations that are learned from personal, social, and cultural experiences (Reeves, 2001).

Motivation varies not only in its intensity but also in its type. Behavior appears to be motivated from within, intrinsic, or without, extrinsic (Heckhausen, 1991, Deci & Ryan, 2000). When people engage in tasks and feel competent and self-determining, they are experiencing intrinsic motivation as a natural motivational force that energizes behavior in the absence of extrinsic rewards and pressures. Intrinsic motivation provides the innate motivation to engage the environment, pursue personal interests and exert the effort necessary to exercise and develop skills and capabilities (Reeves, 2001). On the contrary, extrinsic motivation arises from environmental incentives and consequences. Extrinsic motivation is an environmentally created reason to initiate or persist in an action. It is a means to an end-the means is the behavior and the end is some consequence. It appears that policies such as PRWORA, are designed to motivate participants extrinsically. Threats of sanctions are used to “motivate” participants to find employment. The greater challenge, for those who have not moved towards self-

sufficiency, is to design policies and develop programs that motivate participants intrinsically.

Another theme in the study of motivation is that we are not always consciously aware of the motivational basis of our behavior. Motives vary in how accessible they are to consciousness and to verbal report. Some motives originate in language structures, such as goals, and are therefore available to conscious awareness. Whereas, other motives have their origins in non-language structures and are therefore less available to consciousness and to verbal report. Yet, another important theme of the study of motivation is that motivational principles can be applied. Motivational principles can be applied in a variety of areas, including, education, work, sports, and therapy. And each area of application is based on the assumption that the study of motivation can provide insights in how to attain the objectives sought and, in doing so, help create a better, happier society (Reeve, 2001).

Finally, theories are an integral part of the study of motivation. Reeve (2001) postulates that theories provide a conceptual framework for interpreting behavioral observations and function as intellectual bridges that link motivational questions and problems with satisfying answers and solutions.

The study of the will was termed by Reeve (2001) as the first “grand theory.” The term grand theory refers to a theory which is all encompassing and seeks to explain the full range of motivated action. René Descartes, a French philosopher, believed that the ultimate motivational force was the will. The will initiated and directed action. It chose both whether to act and what to do when acting. Bodily needs, passions, pleasures, and pains created impulses to action, but these impulses only excited the will. The will

was a power of the mind that controlled the bodily appetites and passions in the interests of virtue and salvation by exercising its powers of choice and of striving (Reeve, 2001).

The second grand theory was that of instinct. Charles Darwin's biological determinism provided biology with its most important idea, evolution, and it turned the mood of scientists away from the mentalistic motivational concept of the will toward a more mechanistic and genetic concept. The benefit of Darwin's concept was that it could explain where the motivational force came from. According to Darwin, instincts arose from genetic endowment, a physical substance. Instincts were genes, and therefore they existed as an inherited tendency to act in a specific way. Given the presence of the appropriate stimulus, instincts expressed themselves through inherited bodily reflexes. Once researchers accepted the instinct as an agent of motivation, the next task became identifying how many instincts human beings possessed. This process soon got out of control. And just as psychology previously abandoned the will, it abandoned the instinct and found itself in search of a substitute motivational concept to explain behavior's nature (Reeve, 2001).

The motivational concept that arose to replace instinct was drive, the third grand theory. Drive motivated whatever behavior was instrumental to servicing the body's needs. Sigmund Freud and Clark Hull developed the two most widely known drive theories. Freud believed that all behavior was motivated and that the purpose of behavior was to serve the satisfaction of needs. He summarized his drive theory with four components: source, impetus, aim, and object. The source of drive was the bodily deficit. Drive has an impetus or force that possessed the aim of satisfaction, which was the

removal of the underlying bodily deficit. To accomplish this aim, it motivated the behavioral search for an object capable of removing the bodily deficit (Reeve, 2001).

Hull's drive was a pooled energy source composed of all current bodily disturbances, particularly needs for food, water, sex, and sleep. Motivation or drive had a purely physiological basis and bodily need was the ultimate basis of motivation. In Hull's drive theory, motivation could be predicted before it occurred from antecedent conditions in the environment. This aspect of Hull's theory separated him from all other motivational theories prior to him. However, drive theory began to decline when other researchers began to realize that motivation also emerges from sources other than one's bodily disturbances (Reeve, 2001).

Drive theory is considered the last grand theory of motivation. Several "mini-theories" have arisen to explain motivation. According to Reeve (2001), mini-theories seek to understand and investigate specific areas of behavior. Some of the mini-theories include Atkinson's (1964) achievement motivation theory, Deci's (1985) intrinsic motivation and self-determination, Seligman's (1975) learned helplessness theory, Bandura's (1977) self-efficacy theory, and Maslow's (1970) theory of human motivation. Bandura's self-efficacy theory of human motivation will be discussed in the theoretical framework section of this research. With the development of mini-theories, the study of motivation became less entrenched in the instigators of behavior biology, and more interested in the directors of behavior, cognition and human motivational problems.

After reviewing the concept of motivation and its many components, it is important to address the empirical research on this same subject. Although many studies have been conducted on the subject, the majority of the studies focus on education,

particularly with children in grades K-12. Other studies focus on motivation in the areas of sports and health issues. The researcher did not locate any empirical studies that specifically addressed the population that is moving from public assistance to self-sufficiency. Thereby, emphasizing the importance of further research in this area to fill the literature gap. However, a two studies were located that may prove beneficial when working with this population.

Vansteenkiste, Simons, Lens, Sheldon and Deci (2004) conducted three field experiments with high school and college students to test the self-determination theory hypotheses that intrinsic versus extrinsic goals and autonomy-supportive versus controlling learning climates would improve students' learning performance, and persistence. For the purpose of this research, only the first study will be reviewed.

Self-determination theory (SDT) focuses on the content of the goals people have for learning and the learning context within which the goals are pursued. SDT proposes that intrinsic goal pursuits have positive effects on well-being because they promote satisfaction of the basic psychological needs for autonomy, competence, and relatedness. Intrinsic goals basically promote an individual's natural growth tendencies. On the other hand, extrinsic goals are said to be aimed at external indicators of worth and tend to be associated with excessive social comparisons and unstable self-esteem (Vansteenkiste, et al., 2004). Also, within SDT, learning is an active process that functions optimally when students' motivation is autonomous, instead of controlled, for engaging in learning activities and assimilating new information.

Study 1 included 200 first-year female Belgian college students who were studying to become preschool teachers. The participants in Study 1 were randomly

assigned to four experimental conditions. Half the participants' learning was framed in terms of its instrumentality for an intrinsic goal and the other half had learning that was framed in terms of its instrumentality for an extrinsic goal. Additionally, half the participants in each goal area were provided with an autonomy-supportive interpersonal context, and the other half was provided with a controlling interpersonal context (Vansteenkiste, et al., 2004). Results from Study 1 found a positive effect for intrinsic goal framing on all four learning-related outcomes. Next, there was a significant effect for autonomy-supportive versus controlling context on quality of self-reported depth of processing, test performance, and free-choice persistence. Finally, there was a significant interaction on four out of five variables, in which the most positive outcomes were obtained when the task was framed in terms of an intrinsic goal and was introduced in an autonomy-supportive way. Further research in this area with public housing residents or those who are moving to self-sufficiency may find that this population would greatly benefit from additional programs and services that helped them to focus on intrinsic goals, within autonomous and supportive environments.

Another research study that may prove beneficial to those working with public housing residents or TANF recipients who are trying to become self-sufficient was conducted by Vansteenkiste, Lens, De Witte, De Witte, and Deci (2004). The researchers conducted two studies using self-determination theory (SDT) to examine unemployed people's motivation both to search and not to search for a job. The research had a two-fold purpose: (1) to develop and validate a motivational job search questionnaire using motivational concepts derived from self-determination theory, and (2) to predict

unemployed individuals' reports of job-search behavior, unemployment experiences, and well-being.

Vansteenkiste, et al. (2004b) discussed two types of motivation that are central to SDT: autonomous and controlled motivation. Autonomy involves acting with a full sense of volition and endorsement of an action. Control, on the other hand, involves engaging in an activity because people feel pressured or forced to do so by some external or internal force. In general, SDT proposes that autonomous motivation will lead to more adaptive functioning than controlled motivation and autonomous motivation also is associated with greater persistence, more positive performance, and enhanced well-being (Vansteenkiste, et al., 2004b, Deci & Ryan (2000).

In this study, Vansteenkiste, et al. (2004b) predicted that higher levels of autonomous job search motivation would relate positively to the intensity of people's continued search because having a job is personally important to these people and it provides the energy necessary to persist. They also predicted that controlled job-search motivation would be associated with negative experiential and well-being outcomes. Because unemployed people who feel highly controlled are likely to experience searching as pressured and stressful, they were expected to report strongly negative experiences and poor well-being.

Amotivation, which means a lack of intention and motivation, was also addressed in this study. Amotivation stands in contrasts with autonomous and controlled motivation. Individuals tend to be amotivated for a behavior if they believe the behavior will not yield desired outcomes. For example, an unemployed woman who believes that searching for a job is futile is likely to display a high level of amotivation. The

researchers predicted that amotivation would be negatively related to job search intensity because people lack the motivation to persist (Vansteenkiste, et al., 2004b).

The final sample for study 1 included 254 people who were recruited during meetings held by the Belgian welfare program to help unemployed adults find employment. Sixty-one (61) percent of the participants were women. Forty-two (42) percent of the participants had been unemployed for less than six months, 41% had been unemployed for a period between 6 months and 2 years, and 17% had been unemployed for more than 2 years. Several measures were used in this study. The first measure, the Job Search Self-Regulation Questionnaire (SQR-JS) was developed by the researchers to ascertain reasons why people were searching for jobs and why they were not searching as much as they might be. Other measures assessed participants' financial concerns, employment commitment, job aspirations, expectation of finding a job, job search optimism, job search behavior, negative experience of unemployment, and positive experience of unemployment. A general health questionnaire and satisfaction with life scale was also administered to participants.

Overall, the results indicated that the SDT variables (autonomy, control, and amotivation for job search) predicted a substantial amount of variance in the outcomes concerning job search behavior, unemployment experience, and well-being. Autonomous motivation for searching positively predicted self-reports of the intensity of job search behavior during the previous 3 months. Autonomous and controlled motivation not to search significantly improved prediction for all of the outcomes except search behavior.

Study 2 of this research served to evaluate the reliability of the Study 1 findings and therefore will not be discussed in detail. Unlike study 1, the researchers added self-

actualization as an additional dependent variable. They expected autonomous job search motivation to positively predict self-actualization. Findings showed that autonomous motivation was positively related to self-actualization. Autonomous motivation, as in study 1, was the only variable that related significantly to job search persistence.

The findings from both studies are important for designers of public policy, program administrators, and practitioners or case managers. The job search process is key to programs and services that have self-sufficiency through work as their goal. Programs must be creative and find ways to promote the autonomous motivation of participants to increase the success of the job search process, and thereby increase the chances of participants finding employment.

Future and Self-Sufficiency

Unresolved issues of fear, failure, and forgiveness, not only may impact an individual's fight, but may also affect their view of the future. For the purpose of this study, future is defined as the outlook, prospect, anticipation, and expectation of that which is to come. The initial question that must be addressed is how do public housing residents view their future? What do they anticipate or expect for their future? Does that future outlook include self-sufficiency? Answers to these questions are important for program designers, administrators, and case managers. Elaborate programs can be designed and implemented with community resources available to assist, but if residents do not believe that self-sufficiency is a part of their future they will not take advantage of programs and community resources. At best, half-hearted efforts or haphazard efforts

will be made to satisfy program requirements and maintain current benefits. A sense of hope for lasting changes in their life may be very low.

With structural barriers such as transportation and child care, and psychosocial barriers such as fear, failure, forgiveness, and fight, residents may experience a sense of hopelessness regarding their future. Their outlook, prospect, anticipation, and expectation may not be a positive one. Hopelessness can breed pessimism about possibilities and the future.

Much of the literature has focused on hopelessness depression and hopelessness as a predictor or indication of suicidal ideations (Beck, 1976, Beck, et al., 1975, Abramson, et al., 1989, Beck, et al., 1990). However, some persons transitioning from public assistance to self-sufficiency may not be clinically depressed or have suicidal ideations, but still experience feelings of hopelessness.

Farran, Herth, and Popovich (1995) did extensive research on the concepts of hope and hopelessness. Their research was conducted to inform those in the nursing profession who had direct contact with patients. Their research, although geared toward nurses, may prove very beneficial to social service professionals, particularly those working with the segment of the population that is trying to move from public assistance to self-sufficiency.

The authors proposed the following definition for hopelessness:

Hopelessness constitutes an essential experience of the human condition. It functions as a feeling of despair and discouragement; a thought process that expects nothing; and a behavioral process in which the person attempts little or takes inappropriate action (p 25).

In summary, Farran, et al., (1995) state that hopelessness expresses a way of feeling (affective component), a way of thinking (cognitive component), and a way of acting (behavioral component). As a feeling, hopelessness is expressed as discouragement, despair, or a de-energizing force. Hopeless persons feel entrapped by their situation and their “soul dries up and withers” (p. 24). This is often true of TANF recipients or public housing residents who have received assistance for long periods of time or those who are a part of generations of public housing families.

When people feel hopeless, their thinking is also impaired. They have difficulty concretizing their plans and realizing alternative methods of resolving issues. They cannot imagine that anyone can help them find a solution to their problem, and thus expect little from others or themselves (Farran, Herth, & Popovich, 1995). Residents who are experiencing feelings of hopelessness, would therefore, not expect much help from case managers, nor would they actively seek that help.

These feelings and ways of thinking also influence the way persons behave. According to Farran, et al., (1995), hopeless persons generally experience a paralysis or inability to act. The presence of hopelessness generally signals that something is wrong—that one’s needs or goals have not been met, that life or one’s situation has become difficult or unbearable. High levels of hopelessness can result in diminished physical, mental, and spiritual functioning and lower quality of life (Farran, et al., 1995).

Farran, et al., (1995) examined four attributes of hopelessness: hopelessness as an experiential process, hopelessness as a spiritual or transcendent process, hopelessness as an irrational thought process, and hopelessness as a relational process. First, thoughts, feelings, and experiences with hopelessness have included unresolved issues, mental

illness, depression, suicidal ideation, and changes in physical health (Farran, et al., 1995). The roots of hopelessness have been associated with intrapersonal, interpersonal, and environmental/sociological circumstances. According to the researchers, it is not so much the experience itself that determines whether persons become hopeless, but rather the number of difficult life events, the ability to interpret and process these difficult life experiences, personal values, and internal and external resources. Many persons who are transitioning from public assistance to self-sufficiency, undoubtedly, have experienced difficult life events. Case managers who are working with them must first recognize and acknowledge these difficult life events, and then develop case plans and services to assist them in reinterpreting those events in a way that brings mental and emotional healing and empowers them to move forward.

Second, hopelessness can be viewed as a spiritual or transcendent process. Those who are hopeless often misperceive to the spiritual or transcendent. They find it difficult to imagine help from outside themselves. Farran, et al., (1995) suggest that hopelessness as related to a spiritual/transcendent process might manifest in a number of ways. One pattern is seen in those who have never identified or acknowledged a relationship to a higher power and now feel that taking this stance does not help them with a difficult life situation. Another pattern might be seen in those who, at some time in their past, had identified with a particular belief system, but because they had some disagreement with others, they drifted away. A third pattern might be seen in persons who place “too much” power in a spiritual/transcendent structure and believe that “God will provide” or “God will work it out” and they assume very little personal responsibility for taking action. Case managers must be very sensitive to program participants who have very strong

spiritual belief systems. They must find creative ways to help participants use what could be perceived as a personal strength to help them reach their self-sufficiency goals.

Thirdly, Farran, et al., (1995) postulate hopelessness as an irrational process. To move from hopelessness to hope, persons must have realistic goals, have adequate resources, take appropriate action, exercise a realistic level of control, and have a pragmatic perspective of time. Persons who are experiencing hopelessness generally have difficulty articulating their desires and thinking about goals for themselves or their future, or they may have goals that are rigid, inflexible, unattainable, or unrealistic (Farran, et al., 1995). They may try to reach these unattainable goals but then give up, as opposed to developing more realistic alternate goals. If they have goals that are realistic and attainable, they may have very negative expectations concerning their ability to achieve these goals, or may not have the available internal or external resources to meet their goals. This is particular relevant to the population for this study. Setting realistic and attainable self-sufficiency goals is important for participants. The role of the case manager becomes particularly important in this process.

Hopelessness may also occur when intrapersonal, interpersonal, and environmental/sociological resources are lacking, or when persons do not have the cognitive, affective, and behavioral resources necessary to hope. Again, programs and services must help participants, first identify the cognitive, affective, and behavioral resources that they possess, and then find ways to help participants to develop the intrapersonal, interpersonal, and environmental resources to help them reach their self-sufficiency goals.

Persons who are hopeless may exhibit different actions. One of the most common approaches is that of inaction or no action. The person may be characterized as passive, psychologically paralyzed, or impotent. This lack of action mirrors that of Seligman's (1975) learned helplessness. Another approach is when the person takes appropriate action toward a goal, but the goal is inappropriate or unattainable. For example a resident may complete an application for a position as an administrative assistant, but lacks computer skills. Although she acted by completing the application, the goal is unattainable without proper computer skills training. A third approach might consist of misguided action or being overly busy and running away from the situation or one's own hopelessness as opposed to facing it more directly. And the final approach might consist of one in which the person takes appropriate action toward an appropriate goal, but the anticipated outcome is not obtained. Subsequently, the person may become hopeless and decide not to act in the future (Farran, et al., 1995).

Farran, et al., associate personal control with the thought processes of hopelessness. The concepts of internal and external locus of control are used to provide a framework for further examining the role of control as it relates to hopelessness. Internal control suggests that the person perceives events as contingent upon their own behavior. Persons who usually feel hopeless often believe that they lack the ability to achieve their goals. On the other hand, external control suggests that persons perceive events as contingent upon factors outside of themselves. Because others have failed them or were not there when needed, a person may experience feelings of hopelessness.

Time is the last area when viewing hopelessness as an irrational thought process. In hopelessness, the continuity between one's past, present and future is generally

disrupted (Farran, et al., 1995). The authors suggest that persons arrive at hopelessness in different ways. For instance, some persons may have never learned or had a reason to hope in their past, present, or future. Others may have hoped in the past and have hope for the future, but are experiencing hopelessness in the present. While others who had plans in the past that were unrealized, may experience feelings of hopelessness in the present and towards the future.

Finally, hopelessness can be viewed in terms of a relational process. Farran, et al., (1995) suggests that disruptions in relational processes associated with hopelessness rest in an inability to trust others, difficulty imagining that others can provide any gratification or support, or the absence of others who can love and support the individual. Persons who are attempting to move towards self-sufficiency need a reliable support system to overcome the many challenges they face in the process. Case managers can work with them to identify current support systems and help them to form new support systems. Participants must also learn to trust the service providers, particularly the case managers, who are working closely with them in their quest for self-sufficiency. In a relationship where trust has been established, participants feel more comfortable sharing their fears and failures and other challenges that they might be experiencing.

It is important to examine empirical studies that have been conducted on hopelessness. Although the focus of many hopelessness studies are centered on clinical depression and suicidal ideation, a three studies were located that may have some relevance to the population being studied in this research.

Tanaka, et al., (1998) examined the factorial structure of the Beck Hopelessness Scale (BHS) in a non-clinical sample in Japan and analyzed the relationship between

dimensions of hopelessness and psychosocial variables. The researchers conducted an epidemiological study about various aspects of mental health and mental illness, using semi-structured interviews and questionnaires. One hundred fifty-four ($n=154$) residents in the Japanese city of Kofu completed the questionnaires and the interview. The interview covered seven major mood and anxiety disorders. The respondents were asked whether they had experienced any of 22 symptoms of depressive disorders, which were divided into three categories: cognitive symptoms (included hopelessness), emotional symptoms, and behavioral symptoms. Participants also completed questionnaires (BHS, the Eysenck Personality Questionnaire & the Parental Bonding Instrument) one week prior to their interview and were instructed to bring the completed questionnaires to the interview.

Factor analysis on the BHS was completed. Two factors were retained: one labeled doubt about a hopeful future and the other labeled belief about a hopeless future. Therefore the findings of this study indicated that the factorial structure of the BHS differs for clinical and non-clinical samples in Japan and that the interrelations of the risk factors for suicide differ. Findings regarding the association between hopelessness and perceived relations with parents state that low-affectional parenting, particularly by fathers, increases subsequent hopelessness. This latter finding may particularly be relevant to children of public housing residents and TANF recipients who are primarily being raised in female-headed households. Generational issues of hopelessness may occur if interventions are not put into place to address this issue.

Senécal and Guay (2001) proposed and tested a model of procrastination in job-seeking activities. Their model posited that non self-determined job-seeking motivation

was positively related to procrastination in job-seeking activities. In addition, decisional procrastination was expected to be positively related to procrastination in job-seeking activities. In turn, the researchers hypothesized that procrastination in job seeking would positively predict change in hopelessness toward job-seeking. They predicted that the more that graduating students procrastinate toward job-seeking activities, the more they develop feelings of hopelessness in job-seeking.

Participants in the study were 345 university students who were about to graduate. Measures for the study included the Job-Seeking Motivation Inventory, the French translation of the Mann's Decisional Procrastination Scale, the Job-Seeking Procrastination Scale, and an adapted version of the Beck Hopelessness Scale applied to job-seeking.

Two waves of data collection occurred: wave one during the winter semester and wave two was collected six months later. Results from regression analysis provided support for the model proposed by the researchers. First, motivation had a unique positive contribution in predicting procrastination toward job-seeking that was over and beyond decisional procrastination. Second, high levels of procrastination toward job-seeking were associated with an increase in hopelessness toward job-seeking over a six-month period. That is, the more individuals procrastinated in the job-seeking process, the greater their increase in hopelessness.

Although this research was conducted to examine the job-seeking behavior of college students who were about to graduate, the results may be helpful to case managers working with persons moving from public assistance to self-sufficiency. Job-seeking is a critical component of the process towards self-sufficiency. Awareness of the effects of

procrastination and job-seeking behavior, could assist case managers in offering services that help program participants to avoid procrastination and possibly prevent the development of hopelessness.

Haatainen, et al., (2003) examined the course of hopelessness and how positive and negative life events are associated with it. This was a 2-year follow-up study of a Finnish general population sample of 1,200. The measurement of hopelessness was assessed by using the Beck Hopelessness Scale. Life events were measured with 12 questions about negative life events and three additional questions about positive life events. The negative life events were: death of a spouse; death of a close relative or friend; a negative change in the state of health of a family member; sexual problems; considerable interpersonal conflicts at work; notable worsening of subjective financial situation; divorce or separation; breaking off of a long-term relationship; loss of a job or bankruptcy; significantly more conflicts with the spouse; illness causing work disability for over 3 weeks; and some other difficult ordeal (Haatainen, et al., 2003). A notable positive change at work, a notable positive change in personal relationships, and a notable positive change in common living conditions were regarded as positive life events. Depressive symptoms were assessed using the 21-item Beck Depression Inventory.

The statistical methods used included Pearson's chi-squared test, the independent samples t-test, the paired samples t-test, Pearson's correlation analysis, analysis of variance for continuous variables, and multiple logistic regression analysis to identify factors independently associated with becoming or remaining hopeless.

Study results showed less than half of those with hopelessness at baseline had recovered on 2-year follow-up and 4.2% of all study subjects reported continued hopelessness. The incidence of new hopelessness cases was 3.7%. Those with no hopelessness in both study phases more often considered their subjective working capacity and subjective financial situation as good, were more often employed and at high educational level than those with hopelessness on follow-up. Those who were hopeless on follow-up had experienced more negative life events during the follow-up period. This study demonstrated that hopelessness can be persistent in a general population.

This study may be relevant to those in the general population who are transitioning from public assistance to self-sufficiency because this population often experiences multiple negative life events during their quest for self-sufficiency. Understanding that negative life events may lead to feelings of hopelessness may empower case managers to help participants address these negative events in a way that is empowering and keeps them moving toward their goals.

How can participants move from feelings of hopelessness to feelings of hope is equally important when addressing the future? Research on the concept of hope has increased over the last decade. The advent of positive psychology has made studies of concepts such as hope and optimism more prevalent in the literature (Farran, et al., 1995, Lopez & Snyder, 2003, Snyder, 2000, Seligman & Csikszentmihalyi, 2000). Lopez and Snyder (2003) define positive psychology as the “scientific and practical pursuit of optimal human functioning” (p. xv). Positive psychology moves away from the traditional psychopathology model of psychology towards an assessment of people’s

strengths. The “mantra of positive psychology must be to develop the strengths and manage the weaknesses” (Clifton, 2003, p. xiii).

An awareness of the concept of hope is important to case managers who are working closely with program participants. Farran, et al., define hope as “a way of feeling, a way of thinking, a way of behaving, and a way relating to oneself and one’s world” (p. 6). As a way of feeling (affectively), hope has been described as “going beyond emotion” and functioning as an energizing force. It propels persons forward when the odds seem to be against them. As a way of thinking (cognitively), hope has been associated with a sense of fortitude, as described as dealing with facts beyond the visible, and described as an assumed certainty that a dreaded possibility will not happen. Or if the dreaded possibility does occur, hope functions as a creative process that seeks to imagine another way of dealing with these circumstances. As a way of behaving (behaviorally), hope expresses itself as an active process in which the individual seeks possible and appropriate alternatives. If a door is closed, the person continues to seek another way out (Farran, et al., 1995).

Snyder (2000) developed a model of hope that contained three interrelated cognitive components – goals, pathways, and agency. Goals are defined as “the targets of mental action sequences, and they provide the cognitive component that anchors hope theory” (Synder, et al., p. 250). Goals reflect the end point that a person is trying to reach or obtain. Goals must be valued enough by the person to occupy their conscious thoughts. Goals must also have some uncertainty. If the person is absolutely certain that something is going to occur, then hope is not needed. However, there should be a percentage of probability that the goal can be reached or else the person is wasting time

and energy or simply fantasizing without having the realistic means to reach the desired outcome.

In order to reach goals, people must have viable routes, or pathways, to reach the desired end. People must know what it will take or what paths they must take to reach their desired goal. These routes are essential for successful hopeful thinking. Although at least one effective route is important to pathway thinking, it is important for hopeful persons to be able to develop alternate routes to their goals, particularly when obstacles are faced during their first route. Multiple pathways thinking is characteristic of high-hope people. Affirming self-talk messages, such as “I’ll find a way to get this done,” reinforces pathway thinking (Snyder, et al., 2000).

Agency is the motivational component in Snyder’s (2000) model. It propels people along their route towards their goals. Agency is the “willpower component” (p. 10) that reflects the person’s perception that she can begin movement along the pathways to her goals and also reflects her appraisal of her capability to persevere in the goal journey (Snyder, 2000). Agency thoughts, such as “I can do this,” “I’m not going to quit,” are particularly important when persons experience barriers on their way towards their goals. Agency thoughts give them the motivation to continue forward and not give up. Hopeful persons find alternate routes and continue to move forward.

Both pathway and agency are necessary for hope. Thus, hopeful thinking involves both the perceived capacity to envision workable routes and goal-directed energy (Snyder, et al., (2000). The researchers argue that in order to sustain movement toward the goals in one’s life, both the agency and the sense of pathways must become

operative. People need both the will (agency) and the way (pathways) to reach their goals.

Snyder's (2000) hope theory, although cognitively focused, does not ignore the role of emotions. Hope theory posits that "emotions are a by-product of goal-directed thought" (p. 11). Positive emotions reflect perceived success in the pursuit of goals and negative emotions reflect perceived failures. Although barriers to goal pursuits may produce negative feelings, high hope persons tend to respond differently than low hope people. When confronted with barriers, high hope people, generally, will identify alternate routes or paths to their goals and use agency thoughts to motivate themselves in the midst of challenging circumstances. On the other hand, low hope persons' inability to develop alternate paths, when facing obstacles, will lead to perceptions of low probability of goal attainment, a focus on failure rather than success, a sense of ambivalence, and a relatively negative emotional state during goal-related activities (Snyder, et al., 1991).

Hope theory is particularly relevant to program designers, administrators, and case managers. Public housing residents or other persons transitioning from public assistance to self-sufficiency must have hope. With employment as the goal that can lead to self-sufficiency, program participants need assistance in developing their employment goals, developing pathways to reach those goals, as well as, ways to develop agency thinking to help them reach their goals. Because residents often experience multiple barriers to self-sufficiency, multiple pathways and continuous agency thinking are keys to their success.

Several empirical studies have been conducted on the subject of hope. However, none specifically addressed the population for this study. After reviewing studies, a few

may be applicable to this population. Chang (1998) examined the influence of high versus low hope on problem-solving ability and on coping with stressful academic and interpersonal situations in 211 college students. Measures that were administered included: the Hope Scale, the Social Problem-solving Inventory-revised, the Coping Strategies Inventory, and subscales from the Extended Satisfaction With Life Scale. All study measures were administered during a mass testing session to all 211 participants.

Two groups, high-hope and low-hope, were formed using a median split on Hope Scale scores to examine the influence of hope on problem-solving ability, coping, and life satisfaction. High-hope versus low-hope students were significantly different in their positive and negative problem orientations, and rational avoidant problem-solving styles. For coping with stressful academic situations, high-hope students were found to use significantly less wishful thinking, self-criticism, and social withdrawal strategies compared to low-hope students. Finally, high-hope students were found to report significantly greater academic life satisfaction than low-hope students. Overall, these results indicated that hope had a significant influence on problem-solving ability and on coping strategies used to deal with certain types of stressful situations (Chang, 1998).

Two sets of hierarchical regression analyses were conducted, one for academic and the other for interpersonal life satisfaction, to examine the influence of hope on well-being beyond strategies of coping. Hope was found to predict a significant amount of the variance in academic life satisfaction beyond what was accounted for by age, sex, and coping with academic stress. Hope was also found to predict a significant amount of the variance in interpersonal life satisfaction beyond what was accounted for by age, sex, and coping with interpersonal stress. The results from this study may further suggest the need

for case managers to assess the level of hope in program participants and identified positive ways of increasing those levels of hope.

Snyder, et al., (1991) developed a Hope Scale that may be useful to case managers that are working with public housing residents who are moving from public assistance to work. In the first stage of scale development, 45 items were written to reflect the hypothesized content of hope. The researchers administered these 45 items in 1985 to 384 students at the University of Kansas. A study conducted by Harris (1988) reduced the items to 14. The current Hope Scale contains eight hope items, plus four fillers, making it easy and quick to administer to program participants.

Theoretical Framework

Because the researcher did not believe that one theoretical framework fully captured and explained the independent variables in this study, components of three theoretical frameworks were utilized. These theories were: Beck's Cognitive Theory (1997), Bandura's theory of Self-Efficacy (1995), and Schiele's (2000) Afrocentric Paradigm (2000).

First, cognitive theory emphasizes the human qualities in people and regards them as having the ability to fashion their own lives by the force of their thinking, their creativity, and their will (Werner, 1982). In fact, the very thinking that people do about their goals, their evaluations of events, and their judgments about themselves are the primary determinants of their behavior (Werner, 1982).

Cognitive theory focuses on the inappropriate, self-defeating, destructive, and upsetting emotions and behaviors which arise from the inaccurate sentences that people

say to themselves (Werner, 1982). It considers a mentally healthy individual to be one whose perceptions are accurate and who has the ability to act on his accurate understanding of reality. Insight alone is not enough to improve one's mental health unless it is accompanied by the capacity to put it to use in the real world. Cognitive theory also deals with the client whose perceptions are accurate but who reacts to them with inappropriate responses.

Historically, the role of thinking was realized at least as long ago as the first century AD when the stoic philosopher Epictetus noted that people "are disturbed not by things but by the views which they take of them" (Curwen, Palmer, & Ruddell, 2000, p. 8). A number of professionals later took a similar view. Aaron T. Beck developed cognitive theory from this similar view (Curwen, et al., 2000). There are three (3) central themes of cognitive theory:

- 1) that thoughts can lead to emotions and behavior
- 2) that emotional disorders arise from negatively biased thinking (which leads to unhelpful emotions and behavior)
- 3) that emotional disorders can be helped by changing such thinking (which is assumed to be learned) (Curwen, et al., 2000).

According to Curwen, et al., (2000), two components of thinking are focused upon in cognitive theory: 1) automatic thoughts and 2) underlying beliefs. Automatic thoughts was a term given by Beck to the thoughts and images which occur involuntarily in a person's stream of consciousness. Underlying beliefs are the beliefs and assumptions which generate the thoughts and images forming the content of automatic thoughts. To further understand the relationship between automatic thoughts and underlying beliefs,

Curwen, et al., (2000) discussed an idea that is key to cognitive theory, schemas.

Schemas are defined as “abstract mental plans that serve as guides to action, as structures for remembering and interpreting information and as organized frameworks for solving problems” (p. 9). Each person adopts a vast range of schemas which allows them to make sense of the world and to place any new information or experiences into context. Once schemas are formed, they guide information processing and behavior and shape how a person thinks, feels and behaves concerning self, others and the world.

Public housing residents and others who are transitioning from public assistance have formed schemas about work, self-sufficiency, and other life issues that have shaped how they think, feel, and behave. Case managers must help residents to identify schemas that are based upon erroneous information and is counterproductive to their self-sufficiency goals. Schemas that contribute to the exacerbation of fear, failure, forgiveness, fight, and future issues, particularly, should be addressed.

Curwen, et al., (2000) suggest that thinking errors, also known as cognitive distortions or twisted thinking, are also key to cognitive theory. Identifying automatic thoughts and recognizing the thinking errors contained within them plays a major role within cognitive theory. These thinking errors are common to human kind but proliferate with emotional distress. The authors identified eleven (11) common thinking errors in their discussion. However, for the purpose of this research, three (3) of the thinking errors prove to be specifically relevant to the psychosocial factors addressed in this research.

One error of thinking is personalization and blame. Personalization is a thinking error in which a person totally blames herself for all that goes wrong and relates this to

some deficiency or inadequacy in herself. She holds herself personally responsible for an event which is not entirely under her control. This area of thinking is particularly relevant when residents are dealing with issues of failure. Learned helplessness occurs when residents attribute their failures to personal attributions alone.

A second error of thinking is emotional reasoning. Curwen, et al., (2000) state that this error of thinking is where a person draws conclusions about an event based entirely upon their feelings and ignoring any evidence to the contrary. According to this research, the psychological factor of fear is an example of this type of thinking error. A resident may be experiencing feelings of fear of becoming employed even though she has been prepared to work through a work experience or on-the-job training program.

A third error of thinking is catastrophizing or fortune telling. This is where the person predicts the future negatively and believes things will turn out badly (Curwen, et al., 2000). This error of thinking is directly related to the variable future in this study. Public housing residents or others who are attempting to move to self-sufficiency need to have a high level of hope for the future. Without this high level of hope, minimal or no effort will be put forth to become self-sufficient. Therefore, the psychosocial factor future must be addressed so that program participants are able to successfully transition to work and self-sufficiency.

In summary, addressing the cognition or thinking of those who are trying to become self-sufficient should be an integral part of any program effort. The variables addressed in this study all have a cognitive component. How residents think impacts that ability to address their fears about self-sufficiency. How residents think directly impacts that ability to move past and reinterpret their past failures. Changing their thinking about

areas of failure in their lives will help them move from a place of learned helplessness to empowerment to move forward. The desire to forgive someone or self for a negative act that has occurred first begins in one's thoughts. Thoughts of wanting to forgive is an initial step that can lead a person to embracing the other steps in the forgiveness process. Cognition is critical to one's level of fight. The motivation and determination to accomplish a self-sufficiency goal, first begins with thought. Whether those thoughts are positive or negative will determine the level of fight that one has. Finally, the center of future is how one thinks about that which is to come. Negative thoughts about the future often lead one to feel hopeless while positive thoughts about the future leads to feelings of hope.

The second theory that is relevant to this study is Bandura's self-efficacy theory. Bandura (1977) first distinguishes between outcome expectations and efficacy. An outcome expectancy is defined as "a person's estimate that a given behavior will lead to certain outcomes" (p. 79). An efficacy expectation is "the conviction that one can successfully execute the behavior required to produce the outcomes" (p. 79). Bandura (1989, 1990, 1995) further expanded the definition of self-efficacy to people's beliefs about their capabilities to exercise control over events that affect their lives and their beliefs in their capabilities to mobilize the motivation, cognitive resources, and courses of action needed to exercise control over task demands.

Bandura (1977) suggests that the strength of people's convictions in their own effectiveness determines whether they will even try to cope with difficult situations. People fear and avoid threatening situations they believe themselves unable to handle, whereas they behave affirmatively when they judge themselves capable of handling

successfully situations that would otherwise intimidate them. For example a resident may feel a sense of confidence when interviewing for a job because she has practiced at home and participated in several mock interviews. However, she experiences fear when it's time to actually start work and therefore avoids the "threatening situation" by not showing up on the first day.

Perceived self-efficacy not only reduces anticipatory fears and inhibitions but, through expectations of eventual success, it affects coping efforts once they are initiated. Efficacy expectations determine how much effort people will expend, and how long they will persist in the face of obstacles and aversive experiences. The stronger the efficacy the more active the efforts. Those who persist in performing activities that are subjectively threatening but relatively safe objectively will gain corrective experiences that further reinforce their sense of efficacy thereby eventually eliminating their fears and defensive behavior. Those who give up prematurely will retain their self-debilitating expectations and fears (Bandura, 1977a).

Self-efficacy expectancies are viewed as varying along three dimensions: magnitude, strength, and generality (Bandura, 1977a, 1986). Magnitude of self-efficacy refers to the number of steps of increasing difficulty or threat a person believes herself capable of performing. Strength of self-efficacy refers to the resoluteness of a person's convictions that she can perform a behavior in question. Strength of self-efficacy has been related repeatedly to persistence in the face of frustration, pain, and other barriers to performance. Generality of self-efficacy refers to the extent to which success or failure experiences influence self-efficacy expectancies in a limited, behaviorally specific

manner or whether changes in self-efficacy extend to other similar behaviors and contexts (Maddux, 1995).

People's beliefs concerning their efficacy can be developed by four main forms of influence: mastery experiences, vicarious experiences, social persuasion, and physiological and emotional states (Bandura, 1995). According to the author, mastery experiences are the most effective way of creating a strong sense of efficacy because they provide the most authentic evidence of whether a person can "muster" what it takes to succeed. Successful experiences build a belief in one's personal efficacy, while failures undermine it, particularly if the failures occur before a sense of efficacy is firmly established. Developing a sense of efficacy involves acquiring the cognitive, behavioral, and self-regulatory tools for creating and executing appropriate courses of action to manage ever-changing life circumstances (Bandura, 1995). This is good news for residents who may currently have a low sense of efficacy. This suggests that programs can be developed to help them acquire the cognitive, behavioral, and self-regulatory tools to execute the actions that are needed to become self-sufficient. These cognitive, behavioral, and self-regulatory tools should include addressing fear, overcoming failure, learning forgiveness, establishing or re-establishing fight, and having hope for the future.

Social models help to create and strengthen efficacy beliefs through vicarious experiences. Seeing people similar to themselves succeed by perseverant effort raises observers' beliefs that they, too, possess the capabilities to master comparable activities. At the same time, seeing others similar to themselves fail despite high effort lowers observers' judgments of their own efficacy. The impact of modeling on beliefs of personal efficacy is strongly influenced by perceived similarity to the models (Bandura,

1995). Therefore, residents who are able to interact with former residents who addressed their issues of fear, failure, forgiveness, fight, and future and have moved out of public housing and are now self-sufficient could be motivated by this experience. They may begin to believe that they too can achieve their self-sufficiency goals. Programs should seek to hire former residents who have become self-sufficient to help strengthen the efficacy of other residents on a daily basis, rather than sporadic events.

People also seek proficient models who possess the competencies to which they aspire. So residents may also be influenced by persons other than former residents. Competent models, through their behavior and ways of thinking, transmit knowledge and teach observers effective skills and strategies for managing environmental demands (Bandura, 1995). Case managers, trainers and other persons may also serve as models to residents.

Bandura (1995) described social persuasion as a third way of strengthening people's beliefs that they have what it takes to succeed. People who are persuaded verbally that they possess the capabilities to master given activities are likely to mobilize greater effort and sustain it than if they harbor self-doubts and dwell on personal deficiencies when problems arise (Bandura, 1995). Self-affirming beliefs promote development of skills and a sense of personal efficacy. In addition to raising people's beliefs in their capabilities, successful efficacy building, requires the structuring of situations that bring success and avoid placing people in situations prematurely where they are likely to fail often. Individuals are encouraged to measure their success in terms of self-improvement rather than by their successes over others.

Social persuasion should play an integral role in programs that are designed to help residents transition to self-sufficiency. Residents must get past previous failures and other issues to believe that they are capable of becoming self-sufficient. Case managers must be careful to structure situations that bring success for residents and avoid placing residents in situations that they are not prepared to handle.

Fourth, people rely partially on their physiological and emotional states in judging their capabilities. In activities involving strength and stamina, people judge their fatigue, aches, and pains as signs of physical debility. Emotionally, positive mood enhances perceived self-efficacy, while despondent mood diminishes it. Therefore, the fourth way of altering efficacy beliefs is to enhance physical status, reduce stress and negative emotional proclivities, and correct misinterpretations of bodily states (Bandura, 1995).

Self-efficacy beliefs influence behavior through four mediating processes: (1) goal-setting and persistence or motivation, (2) affect, (3) cognition, and (4) selection of environments and activities (Bandura, 1986, 1989, 1995). First, self-efficacy beliefs influence people's choice of goals and goal-directed activities, expenditure of effort, and persistence in the face of challenge and obstacles. When difficulties arise, persons with low efficacy develop doubts about their ability to accomplish the task at hand and give up easily, whereas those with high efficacy increase their efforts to master a challenge when obstacles arise. Perseverance usually produces the desired results, and this success then increases the individual's sense of efficacy (Bandura, 1995, Maddux, 1995).

According to Bandura (1995), efficacy beliefs contribute to motivation in several ways: they determine the goals people set for themselves, how much effort they expend, how long they persevere in the face of difficulties, and their resilience to failures. When

faced with obstacles and failures, people who distrust their capabilities slacken their efforts or give up quickly. Those who have a strong belief in their capabilities exert greater effort when they fail to master the challenge (Bandura, 1995).

Second, self-efficacy beliefs are determinants of affective or emotional responses to life events, which then influence cognition and action. Self-efficacy beliefs about behavioral performance influence the type and intensity of affect. People's beliefs in their coping capabilities affect how much stress and depression they experience in threatening or difficult situations, as well as, their level of motivation (Bandura, 1995). Low self-efficacy beliefs for attaining highly desired goals lead to anxiety or depression. These feelings often become self-perpetuating when there is low self-efficacy because one's expectations for poor control produce the very emotions one wishes to prevent (Maddux, 1995).

The effects of efficacy beliefs on cognitive processes take a variety of forms. First, human behavior is regulated by thoughts which embody valued goals. Therefore, self-efficacy beliefs influence the goals people set for themselves. People with stronger self-efficacy beliefs for their performance set higher goals and commit to goals more strongly than do people with weaker beliefs about their capabilities. Second, self-efficacy beliefs influence the plans or strategies people envision for attaining their goals. People's beliefs in their efficacy shape the types of anticipatory scenarios they construct and rehearse in their minds. Those who have a high sense of efficacy visualize success scenarios that provide positive guides and supports for performance. Those who doubt their efficacy visualize failure scenarios and dwell on the many things that can go wrong. (Bandura, 1995, Maddux 1995). Third, self-efficacy influences the development of rules

for predicting and influencing events. A major function of thought is to enable people to predict events and to develop ways to control those that affect their lives. Such problem-solving skills require effective cognitive processing of information (Bandura, 1995).

Finally, self-efficacy influences the efficiency and effectiveness of problem solving. A strong sense of self-efficacy is required to remain focused on tasks in the midst of pressing situational demands, failures, and setbacks. When people are faced with complex decision-making tasks, those who have a low sense of efficacy become more erratic in their analytical thinking and lower their aspirations, while those who have a higher sense of efficacy will remain highly efficient and highly effective problem solvers (Wood & Bandura, 1989, Bandura, 1995, Maddux, 1995).

Finally, people are affected by the environments in which they live. Therefore, beliefs of personal efficacy can influence the types of activities and environments people choose to get into. In this process, Bandura (1995) suggests that “destinies are shaped by selection of environments known to cultivate certain potentialities and life-styles” (p.10). People tend to avoid activities and environments they believe exceed their coping capabilities, while readily facing challenging activities and environments they believe they are able to manage.

In summary, people who have a low sense of efficacy in given areas shy away from difficult tasks, which they view as personal threats. They have low aspirations and weak commitment to goals they have chosen to pursue. When faced with difficult tasks, they dwell on their personal deficiencies, the obstacles they will encounter, rather than concentrating on how to perform successfully. They slacken their efforts and give up quickly in the face of difficulties. They are slow to recover their sense of efficacy

following failure. Because they view insufficient performance as deficient aptitude, they often lose faith in their abilities when faced with failures (Bandura, 1989, 1995, 1997).

In contrast, a strong sense of efficacy enhances human accomplishment and personal well-being. People with high assurance in their capabilities approach difficult tasks as challenges to be mastered rather than as threats to be avoided. They set challenging goals and maintain strong commitment to them. They heighten and sustain their efforts in the face of difficulties and they quickly recover their sense of efficacy after failures and setbacks.

Public housing residents who are transitioning from public assistance to self-sufficiency need a strong sense of personal efficacy. Programs must address their issues with fear, failure, forgiveness, fight, and future to increase their levels of efficacy. Higher levels of efficacy will give program participants the mental and emotional confidence to face obstacles and challenges while continuing to pursue their self-sufficiency goals.

The third theory that is relevant to this study is Schiele (2000) Afrocentric Paradigm. Because statistics show that African Americans are overrepresented on the roles of public assistance programs, particularly TANF (Welfare Information Network, 2002), it is imperative that any policy or program that is designed to assist this population also include a theoretical framework that is grounded in traditional African values and thought.

In his renowned book, *Human Services and the Afrocentric Paradigm*, Schiele describes how the Afrocentric paradigm can be used to explain human behavior. Schiele (2000) suggests that American social welfare policy is undergirded by a Eurocentric

worldview. This Eurocentric worldview heavily influences the knowledgebase of those who work in the human services. Because human services administrators and case managers are heavily dependent upon social science theory and research to guide their practice, they should also integrate an Afrocentric paradigm in their practice, particularly with African Americans. Schiele (2000) states that, although the Afrocentric paradigm is primarily concerned with the welfare of African-Americans, its views can be beneficial to all people.

As discussed by Schiele (1996, 2000), the Afrocentric paradigm has the following major objectives:

- (1) it seeks to promote an alternative social science paradigm more reflective of the cultural and political reality of African Americans;
- (2) it seeks to dispel the negative distortions about people of African ancestry by legitimizing and disseminating a worldview that goes back thousands of years and that exists in the hearts and minds of many people of African descent today; and
- (3) it seeks to promote a worldview that will facilitate human and societal transformation toward spiritual, moral, and humanistic ends and that will persuade people of different cultural and ethnic groups that they share a mutual interest in this regard (pp. 11-12)

Of particular interest to this research is the need to promote human transformation toward spiritual, moral, and humanistic ends. Schiele (2000) addresses this topic more thoroughly in his discussion of an Afrocentric policy analysis framework. One aspect of the policy analysis framework, collective emphasis of policy, includes the “degree to which the policy promotes the union of the material and spiritual aspects of human need” (p. 193). He states that most social policies in the United States focus on meeting the material needs, food, clothing, shelter, and money, of program recipients. But, rarely are the “spiritual needs of humans, such as self-worth, securing meaning in life, nurturing internal peace and tranquility with oneself and others” (p. 193), addressed in social policies. According to Schiele (2000), spirituality communicates “interconnectedness” between the material and unseen. “This interconnectedness implies wholeness or a feeling of completeness and meaning for the individual, feelings that lead one to desire to participate in life constructively, not destructively, and to contribute positively to the advancement of the human family.

Because of issues with fear, failure, forgiveness, fight, and future, persons who are transitioning from public assistance to self-sufficiency may lack secure meaning in life and a sense of internal peace with themselves and others. These issues could cause program participants not to experience a sense of wholeness or a feeling of completeness and meaning.

CHAPTER III

METHODOLOGY

This chapter will present the methods and procedures that were used to conduct this study. The following topics will be discussed: research design, description of the data collection site, sample and population, instrumentation, treatment of data, and limitations of the study.

Research Design

A descriptive and exploratory research design was utilized in this study. The study was designed to ascertain data in order to describe and explore the relationship between the independent variables fear, failure, forgiveness, fight, and future and the dependent variable self-sufficiency. The descriptive and exploratory research design also allowed for the descriptive analysis of the demographic characteristics of the respondents.

Description of the Site

This research took place in public housing communities throughout the state of Georgia. Seven (7) public housing communities were identified to participate in the study. Those communities were dispersed in North Georgia, Middle Georgia, South Georgia, and West Georgia. The sizes of the housing authorities varied. Small authorities were those with less than one-hundred fifty (150) public housing units.

Medium authorities were those with 151 to 300 public housing units, and communities were considered large if they had more than 300 public housing units.

Sample and Population

The target population for the research was composed of public housing residents. Eighty-four (84) respondents were selected utilizing nonprobability convenience sampling from among the residents in each of the seven communities. The researcher and a trained research assistant that has worked with public housing residents went door-to-door in each community and conducted face-to-face interviews with residents to obtain the sample.

Instrumentation

The research study employed a survey questionnaire entitled *A Study of Self-Sufficiency Among Public Housing Residents*. The survey questionnaire consisted of two sections with a total of thirty-one (31) questions. Section I solicited demographic information about the characteristics of the respondents. Section I also solicited information regarding the self-sufficiency (dependent variable) status of respondents. Section II included specific questions to measure the residents' feelings of fear, failure, forgiveness, fight, and future as they relate to self-sufficiency.

Section I of the survey questionnaire consisted of sixteen (16) questions. Questions 1 through 13 and questions 15 and 16 captured demographic information on survey respondents. That information included the respondents' gender, age group, race, marital status, did respondents live in public housing, how long in public housing, did they receive TANF, Food Stamps or Medicaid, annual income, highest grade completed,

number of children in household, community service requirements, length of employment, and length of unemployment. Questions 14, are you employed, captured information regarding the respondents' self-sufficiency status (dependent variable).

Section II of the survey questionnaire consisted of fifteen (15) questions. There were three (3) questions that measured fear, three (3) questions that measured failure, three (3) questions that measured forgiveness, three (3) questions that measured fight, and three (3) questions that measured future. Items on the questionnaire were responded to on a four-point continuum Likert scale. The scale was as follows: 1=Strongly Disagree; 2=Disagree; 3=Agree; and 4=Strongly Agree. In each of the scale areas, the responses to each of the three questions were computed to get a composite score for that area. The lowest possible score for an area was 3 and the highest score for an area is 12. Any score of 6 and above would signify that a respondent was dealing with that particular area. For example, if a respondent answered 1 to question 17 and 4 to question 18 and 3 to question 19, the sum of that area (Fear) would be 8. This would denote that the respondent was dealing with issues of Fear.

The reliability of the scale was examined using the Cronbach alpha coefficient. The scale had an alpha score of .8634. The validity of the scale was examined using construct validity. Construct validity is utilized when the researcher develops an instrument to measure a variable that really is a construct. A construct is something that is defined primarily through cognitive process – it usually cannot be directly observed (Yegidis, Weinbach, & Morrison-Rodriguez, 1999). Several researchers reviewed the constructs measured in the scale and all agreed that the questions appeared to measure the constructs being studied.

Treatment of Data

According to Mertler and Vannatta (2005), the primary factor that determines the statistical test to be used in data analysis is the variable, specifically, the type or scale of variables (categorical or quantitative) and the number of independent and dependent variables. Other considerations that also directly influence the choice of a statistical test are the sampling methods used and the nature of the research population (Yegidis, Weinbach, & Morrison-Rodriguez, 1999).

The first step in nearly any data analysis situations is to describe or summarize the data collected on a set of subjects that constitute the sample of interest (Mertler & Vannatta, 2005). Therefore, descriptive analysis was used to summarize the frequency and respective percentages of variables in this study.

The second step in the data analysis process is to move on to more advanced techniques in order to address more complex research questions (Mertler & Vannatta, 2005). Bivariate correlation was used to measure the degree of relationship between each independent variable (IV) and the dependent variable (DV). The Pearson correlation coefficient (r) or Chi-square, the most commonly used bivariate correlation technique, was used to measure the association between variables.

The statistical software SPSS 11.0 for Windows was utilized to enter, code, and analyze the data.

Limitations of the Study

There were two basic limitations of the study. The first limitation was the limited number of sites and participants in the study. A larger sample size could possibly affect the study outcomes. The second limitation of the study was the sampling technique utilized was not random. A convenient sample was used that may or may not be representative of the population studied.

CHAPTER IV

PRESENTATION OF FINDINGS

The purpose of this chapter was to present the findings of the study in order to describe and explore the relationship between fear, failure, forgiveness, fight, and future to self-sufficiency among public housing residents in Georgia.

Demographic Data

This section provides a profile of the study respondents. Descriptive statistics were used to analyze the following demographic information: gender, age group, race, marital status, annual income, highest grade completed, number of children in household, community service requirements, and employment status. The demographic characteristics of the study sample are illustrated in Table 1 below. Eighty-four (n = 84) residents participated in this study.

Table 1

Demographic Profile of Study Respondents

Variable	Frequency	Percent
Gender		
Male	3	3.6
Female	81	96.4
Age Group		
Under 20	5	6.0
20 – 29	44	52.4
30 – 39	22	26.2
40 – 49	10	11.9
50 & Over	3	3.6
Race		
Black	76	90.5
White	7	8.3
Latino	1	1.2
Marital Status		
Married	6	7.1
Never Married	60	71.4
Divorced	5	6.0
Separated	11	13.1
Widowed	1	1.2
<i>Missing System</i>	1	1.2
Public Housing		
No	0	0
Yes	84	100.0
TANF		
No	71	84.5
Yes	13	15.5
Food Stamps		
No	16	19.0
Yes	68	81.0

Table 1 (Continued)

Demographic Profile of Study Respondents

Variable	Frequency	Percent
Medicaid		
No	25	29.8
Yes	59	70.2
Annual Income		
Under \$5,000	51	60.7
\$5,000 – \$9,999	20	23.8
\$10,000 – \$14,999	4	4.8
\$15,000 – \$19,999	3	3.6
\$20,000+	2	2.4
<i>Missing System</i>	4	4.8
Highest Grade Completed		
Elementary	1	1.2
Some High School	26	31.3
Middle School	7	8.4
High School Graduate	29	34.9
GED Graduate	5	6.0
Vocational School	4	4.8
Some College	7	8.4
College Graduate	4	4.8
<i>Missing System</i>	1	1.2
Children in Household		
0	7	8.3
1 – 3	61	72.6
4 – 6	14	16.7
7 and above	2	2.4
Community Service Hours		
No	52	61.9
Yes	32	38.1

As indicated in Table 1, the typical respondent in this study was a 20-29 year old Black female who lived in public housing with 1-3 children and was never married. She was a non-high school graduate with an annual income below \$5,000. She received no TANF, but received both food stamps and Medicaid. She was not required to complete community service hours.

Dependent Variable Profile

Self-sufficiency, the dependent variable of this study, was measured using one indicator: employment. A response of no to this question indicated that the respondent was not self-sufficient. Table 2 represents the frequency distribution of employment (dependent variable).

Table 2

Self-Sufficiency Indicator

Variable	Frequency	Percent
Employed		
No	49	58.3
Yes	33	39.3
<i>Missing System</i>	2	2.4

Table 2 indicates that 49 or 58.3% of the respondents are not self-sufficient. Thirty-three or 39.3% are employed and therefore self-sufficient. Two respondents did not answer this question.

Independent Variable Profiles

There are five independent variables in this study: fear, failure, forgiveness, fight, and future. The purpose of this section is to examine the percentage of respondents who were experiencing issues with each variable. The survey instrument contained three questions for each variable. Items on the questionnaire were responded to on a four-point continuum Likert scale. The scale was as follows: 1=Strongly Disagree; 2=Disagree; 3=Agree; and 4=Strongly Agree. An answer of 1 (Strongly Disagree) was recoded to No issue with that variable. An answer of 2 (Disagree), 3 (Agree), and 4 (Strongly Agree) was recoded to indicate issues with that variable. A response of 2 (Disagree) was included in this recode because respondents had an opportunity to select 1 (Strongly Disagree) if they felt they had no issues in a certain area. Therefore, the researcher believed that a response of Disagree should have some value. Table 3 includes the frequency distribution of each independent variable.

Table 3

Frequency of Independent Variables

Variable	Frequency	Percent
Fear		
No Fear Issues	44	52.4
Fear Issues	40	47.6
Failure		
No Failure Issues	31	36.9
Failure Issues	53	63.1

Table 3 (Continued)

Frequency of Independent Variables

Variable	Frequency	Percent
Forgiveness		
No Forgiveness Issues	22	26.2
Forgiveness Issues	62	73.8
Fight		
No Fight Issues	35	41.7
Fight Issues	49	58.3
Future		
No Future Issues	51	60.7
Future Issues	33	39.3

The first variable fear was defined as a state of being apprehensive, suspicious, timid, lacking self-assurance, lacking courage, lacking bravery, and being easily alarmed. As indicated in table 3, of the 84 respondents 47.6% stated that they have issues with fear as it relates to becoming self-sufficient. The second variable failure was defined as unsuccessful attempts to reach one's hopes and expectations, feelings of pessimism, or a broken spirit as a result of unfulfilled dreams, feelings of helplessness or uselessness, incompetence, and disappointment. Sixty-three point one percent (63.1%) of the respondents stated that they were dealing with issues of failure. The third variable forgiveness was defined as the willful abandonment and replacement of feelings of resentment, bad thoughts, bitterness, and anger with feelings of compassion, generosity, and empathy. Seventy-three point eight percent (73.8%) of the respondents reported that they were dealing with issues of forgiveness. The fourth variable fight was defined as the

motivation, determination, drive and mental disposition to achieve one's personal goals. Fifty-eight point three percent (58.3%) of the respondents reported issues with fight. The fifth variable future was defined as the outlook, prospect, anticipation, and expectation of that which is to come. Thirty-nine point three percent (39.3%) of the respondents reported issues with their feelings about the future.

Research Questions and Hypotheses

There were five research questions and five null hypotheses in the study. This section provides an analysis of the research questions and a testing of the null hypotheses.

Research Question 1: Does the psychosocial factor fear significantly affect the self-sufficiency of public housing residents?

Hypothesis 1: There is no statistically significant relationship between fear and the self-sufficiency of public housing residents.

Table 4 is a cross-tabulation of fear and self-sufficiency. It shows the relationship between the two variables and indicates whether or not there was a statistically significant relationship between the two variables.

Table 4
Fear and Self-Sufficiency Cross-tabulation

		FEAR		
		No Fear	Fear	Total
Are you currently employed	No	25 56.8%	27 67.5%	52 61.9%
	Yes	19 43.2%	13 32.5%	32 38.1%
Total		44 100.0%	40 100.0%	84 100.0%
		df = 1	p = .314	

As indicated in Table 4, 52 or 61.9% of the respondents were not employed, while 33 or 38.1% were employed. The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .314$). There was not a statistically significant relationship between fear and self-sufficiency. However, it is important to note that of the 40 respondents that were dealing with Fear issues, 27 or 67.5% were not employed compared to only 13 or 32.5% of those who were employed.

Research Question 2: Does the psychosocial factor failure significantly affect the self-sufficiency of public housing residents?

Hypothesis 2: There is no statistically significant relationship between failure and the self-sufficiency of public housing residents.

Table 5 is a cross-tabulation of failure and self-sufficiency. It shows the relationship between the two variables and indicates whether or not there was a statistically significant relationship between the two variables.

Table 5
Failure and Self-Sufficiency Cross-tabulation

		FAILURE		
		No Failure	Failure	Total
Are you currently employed	No	18 58.1%	34 64.2%	52 61.9%
	Yes	13 41.9%	19 35.8%	32 38.1%
Total		31 100.0%	53 100.0%	84 100.0%
		df = 1 p = .579		

As indicated in Table 5, 52 or 61.9% of the respondents were not employed, while 33 or 38.1% were employed. The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .579$). There was not a statistically significant relationship between failure and self-sufficiency. However, it is important to note that of the 53 respondents that were dealing with Failure issues, 34 or 64.2% were not employed compared to only 19 or 35.8% of those who were employed.

Research Question 3: Does the psychosocial factor forgiveness significantly affect the self-sufficiency of public housing residents?

Hypothesis 3: There is no statistically significant relationship between forgiveness and the self-sufficiency of public housing residents.

Table 6 is a cross-tabulation of forgiveness and self-sufficiency. It shows the relationship between the two variables and indicates whether or not there was a statistically significant relationship between the two variables.

Table 6
Forgiveness and Self-Sufficiency Cross-tabulation

		FORGIVENESS		
		No Forgiveness	Forgiveness	Total
Are you currently employed	No	10 45.5%	42 67.7%	52 61.9%
	Yes	12 54.5%	20 32.3%	32 38.1%
Total		22 100.0%	62 100.0%	84 100.0%
		df = 1 p = .064		

As indicated in Table 6, 52 or 61.9% of the respondents were not employed, while 33 or 38.1% were employed. The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .064$). There was not a statistically significant relationship between forgiveness and self-sufficiency. However, it is important to note that of the 62 respondents that had issues with Forgiveness, 42 or 67.7% were not employed compared to only 20 or 32.3% of those who were employed.

Research Question 4: Does the psychosocial factor fight significantly affect the self-sufficiency of public housing residents?

Hypothesis 4: There is no statistically significant relationship between fight and the self-sufficiency of public housing residents.

Table 7 is a cross-tabulation of fight and self-sufficiency. It shows the relationship between the two variables and indicates whether or not there was a statistically significant relationship between the two variables.

Table 7
Fight and Self-Sufficiency Cross-tabulation

		FIGHT		
		No Fight	Fight	Total
Are you currently employed	No	20 57.1%	32 65.3%	52 61.9%
	Yes	15 42.9%	17 34.7%	32 38.1%
Total		35 100.0%	49 100.0%	84 100.0%
		df = 1		p = .448

As indicated in Table 7, 52 or 61.9% of the respondents were not employed, while 33 or 38.1% were employed. The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .448$). There was not a statistically significant relationship between fight and self-sufficiency. However, it is important to note that of the 49 respondents that had Fight issues, 32 or 65.3% were not employed compared to only 17 or 34.7% of those who were employed.

Research Question 5: Does the psychosocial factor future significantly affect the self-sufficiency of public housing residents?

Hypothesis 5: There is no statistically significant relationship between future and the self-sufficiency of public housing residents.

Table 8
Future and Self-Sufficiency Cross-tabulation

		FUTURE		
		No Future	Future	Total
Are you currently employed	No	28 54.9%	24 72.7%	52 61.9%
	Yes	23 45.1%	9 27.3%	32 38.1%
Total		51 100.0%	33 100.0%	84 100.0%
		df = 1		p = 1.00

As indicated in Table 8, 52 or 61.9% of the respondents were not employed, while 33 or 38.1% were employed. The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .100$). There was not a statistically significant relationship between future and self-sufficiency. However, it is important to note that of the 33 respondents that had Future issues, 24 or 72.7% are not employed compared to only 9 or 27.3.7% of those who were employed.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

The research study was designed to answer five questions concerning the self-sufficiency of public housing residents. The purpose of this chapter is to present the conclusions and recommendations of the research findings. Recommendations are proposed for future discussions for social work researchers, policy makers, practitioners and administrators. Each research question is presented in order to summarize the significant findings of interest.

Research Question 1: Does the psychosocial factor fear significantly affect the self-sufficiency of public housing residents?

The variable fear was computed based on a calculation of questions 17, 18, and 19 on the scale. Respondents could receive a low score of 3 to a high score of 12. Responses were recoded to denote no fear issues and fear issues. Of the 84 respondents, 52.4% experienced no fear issues and 47.6% experienced fear issues.

The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .314$). There was not a statistically significant relationship between fear and self-sufficiency. However, it is important to note that of the 40 respondents that were dealing with Fear issues, 27 or 67.5% were not employed compared to only 13 or 32.5% of those who were employed.

Research Question 2: Does the psychosocial factor failure significantly affect the self-sufficiency of public housing residents?

The variable failure was computed based on a calculation of questions 19, 20, and 21 on the scale. Respondents could receive a low score of 3 to a high score of 12. Responses were recoded to denote no failure issues and failure issues. Of the 84 respondents, 36.9% experienced no failure issues and 63.1% experienced failure issues.

The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .579$). There was not a statistically significant relationship between failure and self-sufficiency. However, it is important to note that of the 53 respondents that were dealing with Failure issues, 34 or 64.2% were not employed compared to only 19 or 35.8% of those who were employed.

Research Question 3: Does the psychosocial factor forgiveness significantly affect the self-sufficiency of public housing residents?

The variable forgiveness was computed based on a calculation of questions 21, 22, and 23 on the scale. Respondents could receive a low score of 3 to a high score of 12. Responses were recoded to denote no forgiveness issues and forgiveness issues. Of the 84 respondents, 26.2% experienced no forgiveness issues and 73.8% experienced forgiveness issues.

The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .064$). There was not a statistically significant relationship between forgiveness and self-sufficiency. However, it is important to note that of the 62 respondents that had issues with Forgiveness, 42 or 67.7% were not employed compared to only 20 or 32.3% of those who were employed.

Research Question 4: Does the psychosocial factor fight significantly affect the self-sufficiency of public housing residents?

The variable fight was computed based on a calculation of questions 24, 25, and 26 on the scale. Respondents could receive a low score of 3 to a high score of 12.

Responses were recoded to denote no fight issues and fight issues. Of the 84 respondents, 41.7% experienced no fight issues and 58.3% experienced fight issues.

The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .448$). There was not a statistically significant relationship between fight and self-sufficiency. However, it is important to note that of the 49 respondents that had Fight issues, 32 or 65.3% were not employed compared to only 17 or 34.7% of those who were employed.

Research Question 5: Does the psychosocial factor future significantly affect the self-sufficiency of public housing residents?

The variable future was computed based on a calculation of questions 29, 30, and 31 on the scale. Respondents could receive a low score of 3 to a high score of 12.

Responses were recoded to denote no future issues and future issues. Of the 84 respondents, 60.7% experienced no future issues and 39.3% experienced future issues.

The chi-square statistical test for significance was applied and the null hypothesis was not rejected ($p = .100$). There was not a statistically significant relationship between future and self-sufficiency. However, it is important to note that of the 33 respondents that had Future issues, 24 or 72.7% are not employed compared to only 9 or 27.3.7% of those who were employed.

Although none of the variables proved to be statistically significant, it appeared that within each variable, there was a higher percentage of issues faced by those who were unemployed when compared to those who were employed. Because this study was a descriptive and exploratory study, these findings suggest that additional research should be conducted on these areas. The researcher believes that a larger sample of respondents may have caused the relationship between each independent variable (fear, failure, forgiveness, fight, future) and the dependent variable (self-sufficiency) to be more significant.

Because the variables for this study have not been specifically linked to self-sufficiency by previous researchers, this study is one that should add to the knowledge base. The independent variable frequencies acknowledged that there are persons who are attempting to become self-sufficient who are dealing with issues of fear, failure, forgiveness, fight, and future issues. Although, systemic issues impact this population and should continue to be thoroughly addressed in the literature, this researcher believes that it is equally important that researchers not neglect the internal psychosocial factors that are affecting this population.

As TANF is reauthorized and HUD becomes even more focused on self-sufficiency, it will be important for policy makers, program developers, and practitioners to identify additional barriers faced by this population. This research offers the beginning of work that could, with further research, identify some of those additional barriers.

Recommendations

While reviewing the variables for this study and the theoretical frameworks that guided this study, the researcher believes that the frameworks selected did not fully capture the relationship of the independent variables-fear, failure, forgiveness, fight, future-and the dependent variable-self-sufficiency. Therefore, the researcher is recommending that a new framework be developed and research conducted that could more fully capture the relationship between the variables. This researcher has named this new framework the inner sanctum theory (IST). IST draws upon aspects of the existing theories utilized in this study: Beck's Cognitive Theory (1997), Bandura's theory of Self-Efficacy (1995), and Schiele's (2000) Afrocentric Paradigm (2000).

The IST posits that right thoughts, positive feelings of efficacy, and a sense of internal wholeness and peace prepares one to discover and live their best life. Inner sanctum is defined as the place of inner peace that is found at the center or core of an individual's soul. Every human being has an inner sanctum. However, it is often clouded or covered by layers and layers of life's issues. Best life is defined as a life where one's talents and abilities are used to bring positive changes in the individual's life and the lives of others.

Key to discovering and living one's best life is, first, the identification of the layers of issues that cause confusion in our lives and cause us not to live our best life. For public housing residents and those who are attempting to transition off public assistance, those layers of issues may include fears, failures, and the forgiveness of self and others. These layers of issues may impact their level of fight, or sheer determination

and motivation to go after their goals and dreams. These layers of issues may also impact their feelings toward the future, whether there is a sense of hopelessness or hope.

The second key to discovering and living one's best life is to find ways to constructively and positively address the layers of issues that have been identified. It does not benefit one to identify issues if one is not committed to finding ways of addressing those issues. Constructive ways of addressing the issues may include reading self-help materials, participating in support groups, attending training sessions on the area, and even seeking professional counseling when needed.

The third key to discovering and living one's best life is finding one's purpose or discovering what one was "born to do." Purpose is defined as "the reason for which something exists" (p. 1570). Why am I here? What am I suppose to be doing? How does my life have meaning? How can I contribute positively to my family and community? Discovering this sense of purpose may guide one's thoughts and actions toward goals that build self-efficacy and thus creating a sense of wholeness and inner peace.

The fourth key to discovering and living one's best life is self-knowledge. Self-knowledge implies knowledge or understanding of oneself, one's character, abilities, and motives. Self-knowledge requires that one is honest with oneself about where you are and why you are where you are. Self-knowledge challenges one to take full responsibility for one's life. It requires that one takes a position of power and strength and not one of victim. This sense of power and strength will serve to help one to identify the areas in one's personal character and personal environment that need to change in order to live one's best life. These changes may include becoming a person of integrity,

becoming a person who thinks positively instead of negatively, belief in one's ability to reach life goals, and choosing a social environment that helps to further one's goals.

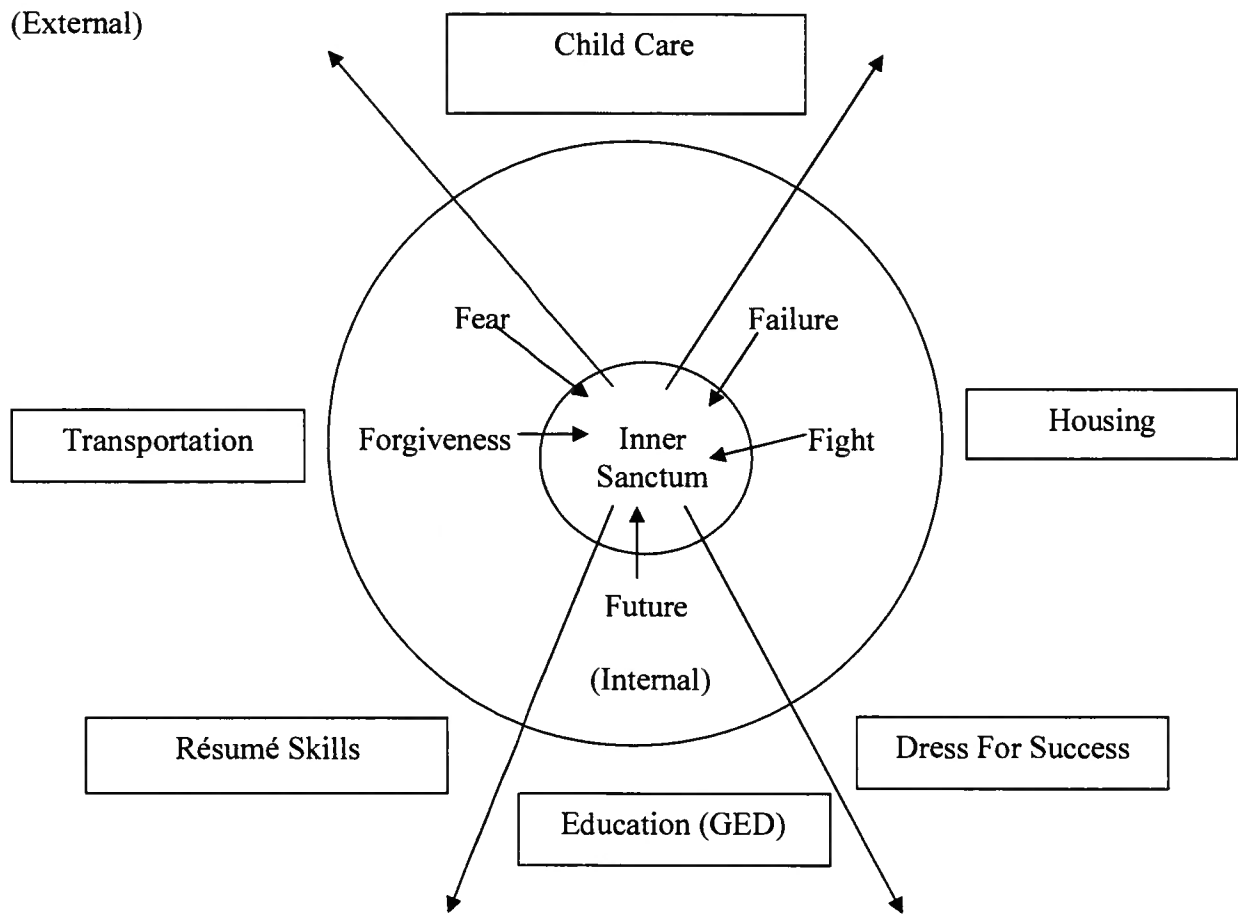
Finally, a fifth key to discovering and living one's best life is to set goals that lead one to the fulfillment of one's purpose. For example, if one believes that she was born to be a teacher, then her goals should lead her to this end. She will then seek whatever training and education that is needed to get her to this destination-teaching. Because she is addressing her personal issues, has found what she believes is her purpose, and has and continues to obtain knowledge of self, she is prepared to face the many obstacles that will come as she pursues her goals. She will continually tap into that place, inner sanctum, where she has found wholeness and peace, to continually stir up the fight within to go after her hopes and dreams for the future.

Life's issues and negative events do not dissipate because one has discovered or rediscovered one's inner sanctum. However, tapping into this place of wholeness and inner peace helps one to face challenges and obstacles without losing focus and giving up on one's hopes and dreams. This sense of wholeness and inner peace gives one the courage and strength of faith to face these challenges and obstacles as they come.

The inner sanctum theory also posits that discovering or rediscovering one's inner sanctum, not only benefits the individual by leading to the living of one's best life, but it also leads to the individual's desire to leave a legacy. Finding meaning in one's life should include how one's life will benefit others. How will my purpose affect the lives of others after I am no longer physically here? Public housing residents may ask questions such as what type of legacy am I leaving for my children? Is it a legacy of self-sufficiency? Has my legacy produced proper thinking, high self-efficacy, and a sense of

wholeness in my children? These are critical questions that should guide one's daily decisions and choices.

Current efforts to assist public housing residents and others to transition from public assistance to self-sufficiency are focused primarily on structural areas such as child care, transportation, housing, and educational programs (GED and/or technical training). These areas can be considered external areas. Although important to the success of participants, these efforts fall short of addressing those internal barriers, fear, failure, forgiveness, fight, and future that may also impact participants' ability to become self-sufficient. What is happening on the inside of participants is often neglected. Applying the inner sanctum theory with this population may challenge program administrators, case managers, and program participants to address those areas that are happening on the inside that are affecting how participants take advantage of services on the outside (training programs, child care, transportation, etc.). A depiction of this process would be as follows:



Further research, perhaps a qualitative study, needs to be done to explore if internal issues or barriers such as fear, failure, forgiveness, fight, and future may be preventing participants from discovering their inner sanctum. These barriers could be negatively impacting what is happening on the inside of participants. This lack of wholeness and inner peace possibly prevents participants from taking full advantage of structural services, such as transportation, child care, résumé skills training, and other services that could help them to become self-sufficient. Finding a sense of inner peace may positively affect the participants' external environment and they may then take advantage of every resource and opportunity to help them become self-sufficient.

APPENDICES

Appendix B: Participant Consent Form

Dear Resident:

As a part of my research program in the Whitney M. Young, Jr. School of Social Work at Clark Atlanta University, I am seeking information about Factors that affect the Self-Sufficiency of Public Housing Residents. Better understanding of these factors can hopefully lead to improved services for public housing residents.

As a public housing resident, you are being asked to complete a questionnaire regarding the factors that may affect residents. There are only 31 items in the questionnaire. It will take approximately 5-10 minutes to complete. Your responses will be grouped with responses from other residents.

Your contact information is requested in case I have any future questions and need to contact you. Your questionnaire will be stored in a locked file cabinet. Only I and a trained researcher will have access to the file.

Your participation is strictly voluntary. I hope that you will be willing to help me in this project. You are welcome to ask questions regarding the study and your participation in it. You are free to stop participating in the study at any time.

M. Sebrena Jackson, Researcher

Date

I voluntarily agree to complete this questionnaire and I have the opportunity to ask questions.

Participant

Date

Street Address

City

State

Zip Code

Phone Number

Appendix C: Survey Questionnaire

Section I Demographic Information

Place an (X) next to the appropriate item. Choose only one answer for each question.

1. My gender is: 1) ☐ Male 2) ☐ Female
2. My age group is: 1) ☐ under 20 2) ☐ 20 – 29 3) ☐ 30 – 39
4) ☐ 40 – 49 5) ☐ 50 & Over
3. The one racial category that best describes me: 1) ☐ Black 2) ☐ White
3) ☐ Latino 4) ☐ Asian 5) ☐ Other
4. My marital status is: 1) ☐ Married 2) ☐ Never married 3) ☐ Divorced
4) ☐ Separated 5) ☐ Widowed
5. Do you live in public housing? 1) ☐ No 2) ☐ Yes
6. How long have you lived in public housing? 1) ☐ Never 2) ☐ Less than 1 Yr
3) ☐ 1 – 3 Yrs 4) ☐ 4-6 Yrs 5) ☐ 7 – 9 Yrs 6) ☐ 10 or more Yrs
7. Do you currently receive a TANF check? 1) ☐ No 2) ☐ Yes
8. Do you currently receive food stamps? 1) ☐ No 2) ☐ Yes
9. Do you currently have Medicaid coverage? 1) ☐ No 2) ☐ Yes
10. My annual income: 1) ☐ Under \$5,000 2) ☐ \$5,000 – 9,999
3) ☐ \$10,000 – 14,999 4) ☐ \$15,000 – 19,999 5) ☐ \$20,000 +
11. Highest grade completed: 1) ☐ Elementary 2) ☐ Some High School
3) ☐ Middle School 4) ☐ High School Grad 5) ☐ GED Grad
6) ☐ Vocational School 7) ☐ Some College 8) ☐ College Grad
12. Number of children in your household: 1) ☐ 0 2) ☐ 1 – 3 3) ☐ 4 – 6
4) ☐ 7 and above
13. Are you currently required to complete community service hours?
1) ☐ No 2) ☐ Yes
14. Are you currently employed? 1) ☐ No 2) ☐ Yes
15. How long have you been employed? 1) ☐ Never 2) ☐ Less than a year
3) ☐ 1 – 3 Yrs 4) ☐ 4 – 6 Yrs 5) ☐ 7 Yrs or more

16. How long have you been unemployed? 1) _____ Never 2) _____ Less than a year
3) _____ 1 – 3 Yrs 4) _____ 4 – 6 Yrs 5) _____ 7 Yrs or more

Section II: How much do you agree or disagree with the following statements?

Please write the appropriate number in the blank beside each statement

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

- _____ 17. I am nervous about getting a job.
- _____ 18. I am not sure that I can handle working a job.
- _____ 19. I feel that I lack the courage to become self-sufficient.
- _____ 20. I have made several attempts to become self-sufficient, but it never works out.
- _____ 21. I don't believe that I will be able to do what needs to be done to become self-sufficient.
- _____ 22. I feel that no matter what I do, I still lack the ability to find a good paying job.
- _____ 23. I resent how my former employer treated me.
- _____ 24. I have bad thoughts when I think about my past and how it affects me today.
- _____ 25. I get angry when I think about how my family treats me.
- _____ 26. I feel that I am not motivated enough to get a good job.
- _____ 27. I feel that I lack the determination to go after my goals.
- _____ 28. I don't feel like I have the energy to go after my goals.
- _____ 29. I feel that I will always need some type of public assistance to help me.
- _____ 30. I feel hopeless when I think about achieving success in my life.
- _____ 31. I don't expect my life to get any better than it is now.

Thank you very much for your cooperation

Appendix D: SPSS Program Analysis

TITLE 'SELF SUFFICIENCY AMONG PUBLIC HOUSING RESIDENTS'.
 SUBTITLE 'M Sebrena Jackson - CAU PhD Program'.

DATA LIST FIXED/

ID	1-3
GENDER	4
AGEGRP	5
ETHNIC	6
MARITAL	7
PUBLIC	8
HLONG	9
TANF	10
STAMPS	11
MEDIC	12
INCOME	13
EDUC	14
CHILD	15
SERVICE	16
CEMPLOY	17
LEMPLOY	18
UEMPLOY	19
NERVOUS	20
NSURE	21
LACK	22
ATTEMPT	23
BELIEVE	24
MATTER	25
RESENT	26
THOUGHT	27
ANGRY	28
MOTIVAT	29
DETERM	30
ENERGY	31
NEED	32
HOPE	33
EXPECT	34.

COMPUTE FEAR = (NERVOUS+NSURE+LACK)/3.
 COMPUTE FAILURE = (ATTEMPT+BELIEVE+MATTER)/3.
 COMPUTE FORGIVEN = (RESENT+THOUGHT+ANGRY)/3.
 COMPUTE FIGHT = (MOTIVAT+DETERM+ENERGY)/3.
 COMPUTE FUTURE = (NEED+HOPE+EXPECT)/3.

Appendix D: SPSS Program Analysis (continued)

VARIABLE LABELS

ID	'Case Number'
GENDER	'Q1 My Gender'
AGEGRP	'Q2 My Age Group'
ETHNIC	'Q3 The one racial category tha best describes me'
MARITAL	'Q4 My Marital Status'
PUBLIC	'Q5 Do you live in public housing'
HLONG	'Q6 How long have you lived in public housing'
TANF	'Q7 Do you currently receive a TANF check'
STAMPS	'Q8 Do you currently receive food stamps'
MEDIC	'Q9 Do you currently have Medicaid coverage'
INCOME	'Q10 My annual income'
EDUC	'Q11 High grade completed'
CHILD	'Q12 Number of children in your household'
SERVICE	'Q13 Are you required to complete community service'
CEMPLOY	'Q14 Are you currently employed'
LEMPLOY	'Q15 How long have you been employed'
UEMPLOY	'Q16 How long have you been unemployed'
NERVOUS	'Q17 I am nervous about getting a job'
NSURE	'Q18 I am not sure that I can that I can handle working a job'
LACK	'Q19 I feel that I lack the courage to become self-sufficient'
ATTEMPT	'Q20 I made attempts to be self-sufficient it never works out'
BELIEVE	'Q21 I do not believe I will be able to become self-sufficient'
MATTER	'Q22 No matter what I do-I lack the ability for a paying job'
RESENT	'Q23 I resent how my former employer treated me'
THOUGHT	'Q24 I have bad thoughts when I think about my past-it affects me'
ANGRY	'Q25 I get angry when I think about how my family treats me'
MOTIVAT	'Q26 I feel that I am not motivated enough to get a good job'
DETERM	'Q27 I feel that I lack the determination to go after my goals'
ENERGY	'Q28 I do not feel like I have the energy to go after my goals'
NEED	'Q29 I feel that I will always need public assistance to help me'
HOPE	'Q30 I feel hopeless when I think about achieving success in life'
EXPECT	'Q31 I do not expect my life to get any better than it is now'.

VALUE LABELS

GENDER

1 'Male'

2 'Female'

Appendix D: SPSS Program Analysis (continued)

AGEGRP

- 1 'Under 20'
- 2 '20-29'
- 3 '30-39'
- 4 '40-49'
- 5 '50&over'/

ETHNIC

- 1 'Black'
- 2 'White'
- 3 'Latino'
- 4 'Asian'
- 5 'Other'/

MARITAL

- 1 'Married'
- 2 'Never married'
- 3 'Divorced'
- 4 'Separated'
- 5 'Widowed'/

PUBLIC

- 1 'No'
- 2 'Yes'/

HLONG

- 1 'Never'
- 2 'Less than 1yr'
- 3 '1-3 yrs'
- 4 '4-6 yrs'
- 5 '7-9 yrs'
- 6 '10 or more yrs'/

TANF

- 1 'No'
- 2 'Yes'/

STAMPS

- 1 'No'
- 2 'Yes'/

MEDIC

- 1 'No'
- 2 'Yes'/

Appendix D: SPSS Program Analysis (continued)

INCOME

- 1 'Under \$5,000'
- 2 '\$5,000-9,999'
- 3 '\$10,000-14,999'
- 4 '\$15,000-19,999'
- 5 '\$20,000 +/'

EDUC

- 1 'Elementary'
- 2 'Some High School'
- 3 'High School Grad'
- 4 'GED Grad'
- 5 'Vocational School'
- 6 'Some College'
- 7 'College Grad/'

CHILD

- 1 'None(0)'
- 2 '1-3'
- 3 '4-6'
- 4 '7 & above/'

SERVICE

- 1 'No'
- 2 'Yes/'

CEMPLOY

- 1 'No'
- 2 'Yes/'

LEMPLOY

- 1 'Never'
- 2 'Less than a year'
- 3 '1-3 yrs'
- 4 '4-6 yrs'
- 5 '7 yrs or more/'

UEMPLOY

- 1 'Never'
- 2 'Less than a year'
- 3 '1-3 yrs'
- 4 '4-6 yrs'
- 5 '7 yrs or more/'

NERVOUS

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree/'

Appendix D: SPSS Program Analysis (continued)

NSURE

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

LACK

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

ATTEMPT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

BELIEVE

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

MATTER

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

RESENT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

THOUGHT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

ANGRY

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

Appendix D: SPSS Program Analysis (continued)

MOTIVAT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

DETERM

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

ENERGY

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

NEED

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

HOPE

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

EXPECT

- 1 'Strongly Disagree'
- 2 'Disagree'
- 3 'Agree'
- 4 'Strongly Agree'/'

FEAR

- 1 'No Fear'
- 2 'Fear'/'

FAILURE

- 1 'No Failure'
- 2 'Failure'/'

FORGIVEN

- 1 'No Forgiveness'
- 2 'Forgiveness'/'

Appendix D: SPSS Program Analysis (continued)

FIGHT

- 1 'No Fight'
- 2 'Fight'/'

FUTURE

- 1 'No Future'
- 2 'Future'/'.

MISSING VALUES

GENDER AGEGRP ETHNIC MARITAL PUBLIC HLONG TANF STAMPS
 MEDIC INCOME EDUC
 CHILD SERVICE CEMPLOY LEMPLOY UEMPLOY NERVOUS NSURE LACK
 ATTEMPT BELIEVE MATTER
 RESENT THOUGHT ANGRY MOTIVAT DETERM ENERGY NEED HOPE
 EXPECT (0).

RECODE FEAR FAILURE FORGIVEN FIGHT FUTURE (1 THRU 1.99=1)(2
 THRU 4.99=2).

BEGIN DATA

```
001241226121031212222232232222221
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0112412261222222105314124444242422
0122314241221321221333223343333321
0132312251221732242111413144111111
0142212241221232122111111332111131
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0182211231212621220122223213111111
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Appendix D: SPSS Program Analysis (continued)

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Appendix D: SPSS Program Analysis (continued)

```
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END DATA.
```

CROSSTABS

```
/VARIABLES CEMPLOY(1,2) FEAR(1,2) FAILURE(1,2) FORGIVEN(1,2)
FIGHT(1,2) FUTURE(1,2)
/TABLES= CEMPLOY BY FUTURE
/CELLS= COUNT COLUMN
/STATISTICS =.
```

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